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ABSTRACT

This publication contains the student materials for the competency-based curriculum in prevocational health exploration for secondary students in West Virginia. These student materials consist of a student competency sheet for each of the 31 competencies (arranged in 10 learning modules) of the curriculum. Each competency sheet states the competency, and contains learning objectives, learning activities, and a student evaluation. Included additionally are information about the 10 health occupations contained in the 10 modules, worksheets, and student self-evaluation of attitude for each competency. The 10 modules cover emergency medical technician; surgical technician; medical laboratory technician; dental assistant; ward clerk; nurse's aide/orderly; respiratory therapist; licensed practical nurse; medical assistant; and dental laboratory technican. (The materials are suitable for distribution to students, or may be used as part of the teacher's lesson plan.) (KC)

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Student Material

Competency Based Education Curriculum

for

PREVOCATIONAL HEALTH EXPLORATION

Prepared by

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NATIONAL INSTITUTE OF EDUCATION

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This curriculum was developed through the cooperation and support of the Bureau of Vocational, Technical and Adult Education, West Virginia Department of Education, Charleston, West Virginia.

March 1981

EMERGENCY MEDICAL TECHNICIAN

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. Code
Emergency Medical Technician	079.374	07.0907

DUTIES

1. Drives ambulance to the place they are told to go.
2. Talks on 2-way radio to dispatcher.
3. Helps remove or removes people from the scene of the accident.
4. Checks the person hurt and finds out how bad the person is hurt.
5. Decides which first aid treatments to give.
6. Gives first aid at the site, and/or in the ambulance.
7. Puts splints on.
8. Gives oxygen.
9. Gives artificial resuscitation.
10. Helps keep equipment in ambulance in good shape.

WHERE EMPLOYED

1. Fire Departments
2. Private Ambulance Companies
3. Police Departments
4. Funeral Homes

EMPLOYMENT OUTLOOK

This area will grow much faster than other jobs, because people want and need better emergency services. The federal government is also giving money to help.

EDUCATION & TRAINING

1. Be 18 years old.
2. Have a high school diploma.
3. Have a driver's license
4. Complete 81 hour program which covers bleeding, broken bones, child birth, and heart attacks.

SPECIAL QUALIFICATIONS

1. You should be able to lift and carry 100 pounds.
2. You need good eyesight (with glasses).
3. You should be able to stay calm and be a leader under stress.

WAYS TO ENTER A FIELD

1. Apply at your local county service.
2. See your job placement counselor as you finish your course.

CHANCE OF ADVANCEMENT

After you are an EMT, you can keep taking training in areas such as removal of trapped victims; paramedic and dispatcher. The field is new and the more training you receive, the better your chances of being a supervisor, teacher and make more money.

EARNINGS & BENEFITS

The average EMT in the USA started at $7,500 - $9,000 a year in 1976. In West Virginia they start at $5.00 - $7.00 per hour.

Most EMT's who work for police and fire stations are paid the same as officers and firefighters. The amount of vacation, sick leave and health insurance varys.

WORKING CONDITIONS & LIFESTYLES

EMT's that work for fire stations usually work 56 hr. weeks. Others usually work 40 hrs. a week. EMT's work a lot of nights and weekends.

HEALTH OCCUPATIONS

JOB TITLE — Emergency Medical Technician

JOB COMPETENCY — Transport victims short distance to litter and/or ambulance.

LEARNING OBJECTIVES

1. Identify transport method to use.
2. Identify when to transport the victim.
3. Describe how to transport the victim.

LEARNING ACTIVITIES

1. Read Worksheet A "How, When and Where: Transferring Victims." Discuss with your class how more harm can be done in transfer than any other procedure an EMT performs.

2. Read Worksheet B "Transferring Victims When You Are By Yourself." Practice these tasks with another student.
   a. Pulling the victim
   b. Lifting the victim
   c. Supporting the victim

3. Read Worksheet C "Transferring Victims When you Have Help". Practice these tasks with another student.
   a. Chair carry
   b. Fore-and-aft carry
   c. Two-handed and four handed seats

4. Read Worksheet D "Transferring Victims Using Blankets." Practice these tasks with your class mates.
   a. Putting the victim on a blanket
   b. Blanket lift

EVALUATION

1. For each task below write the steps and safety precautions you would follow when transferring victims by:
   a. Pulling a victim by yourself
   b. Fore-and-aft carry
   c. Two-handed carry
   d. Putting a victim on a blanket
   e. Lifting a blanket

2. Use other students to assist you and demonstrate the transfers listed above in number 1 of the Evaluation.

3. Tell your instructor how you would decide whether or not to transfer the victim.

4. Fill out the Student Attitude Sheet.

WORKSHEET A

How, When and Where: Transferring Victims

EMT's are called upon to help accident victims. If the rescue is not done right, the victim may get hurt again and more severely.

The easiest way an EMT can hurt someone further is to move someone wrong after an accident. It is best to bring a stretcher to the victim but it is not always possible.

If one of these situations occurs, the victim should be moved immediately.

1. Fire, danger of fire or explosion.
2. Danger of asphyxia due to lack of oxygen or due to gas.
3. Serious traffic hazards.
4. Risk of drowning.
5. Exposure to cold or heat (weather).
6. Walls or buildings could collapse.
7. Electrical injury or potential injury.
8. Pinning by machinery.

If and when you have to move the victims--you should:

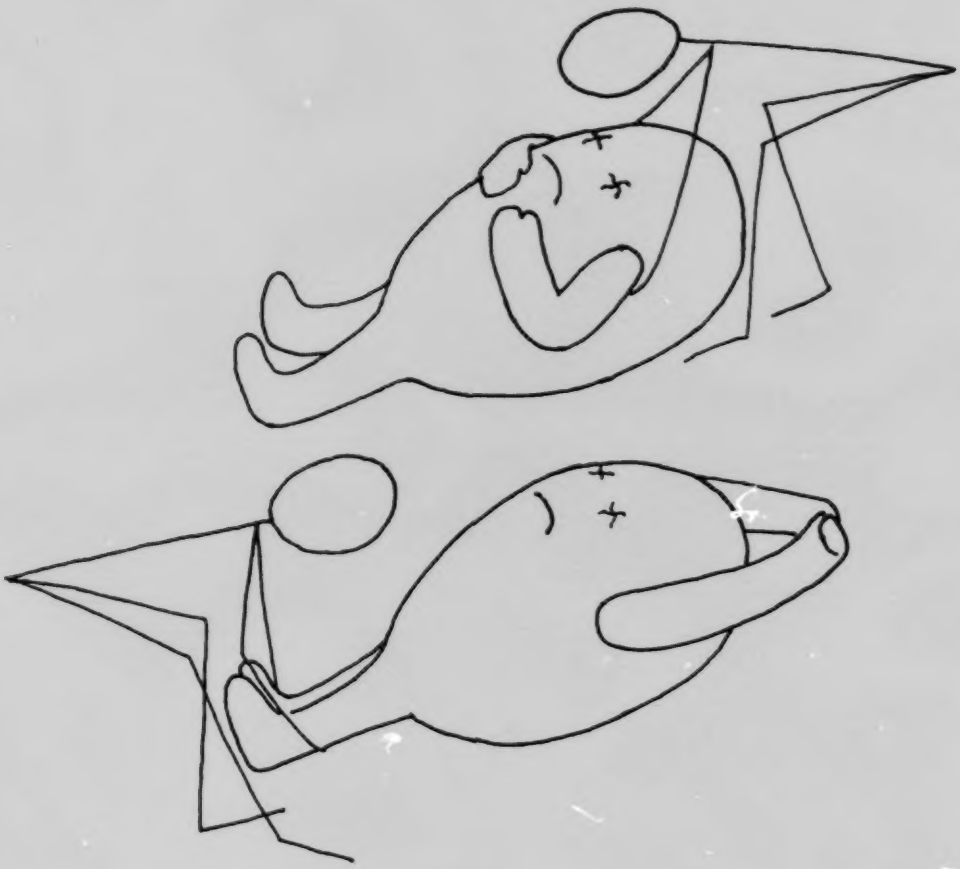
1. Do not move the victim any more than you have to.
2. Make sure they can breathe.
3. Stop or control bleeding.
4. Check for injuries.
5. Try to fix injured parts so they won't move when you move the patient.
6. Have the ambulance waiting.

WORKSHEET B

Transferring Victims When You Are By Yourself

Pulling the Victim

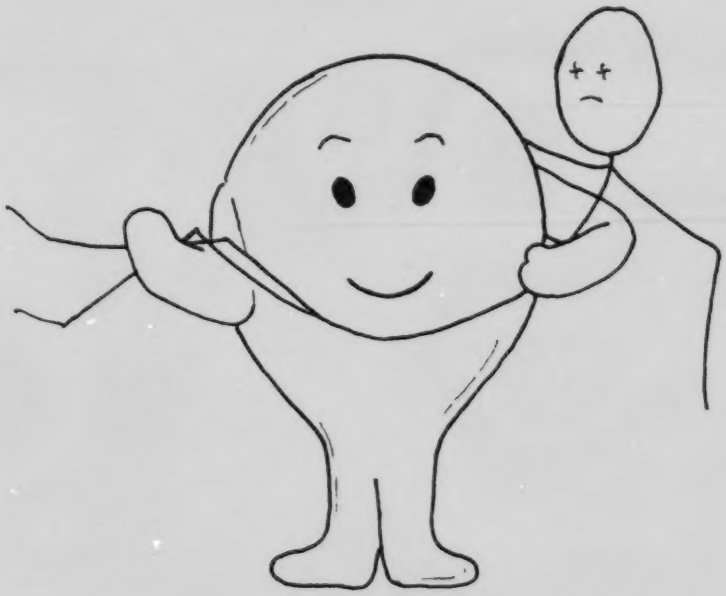
If you have to pull a person, pull the person long ways in the direction his/her body is pointed.



Try to use the shoulders to pull - DO NOT PULL SIDEWAYS. Try not to bend or twist the neck or trunk of the body. DON'T TRY TO LIFT OR CARRY a person before you check for injuries.

Lifting The Victim

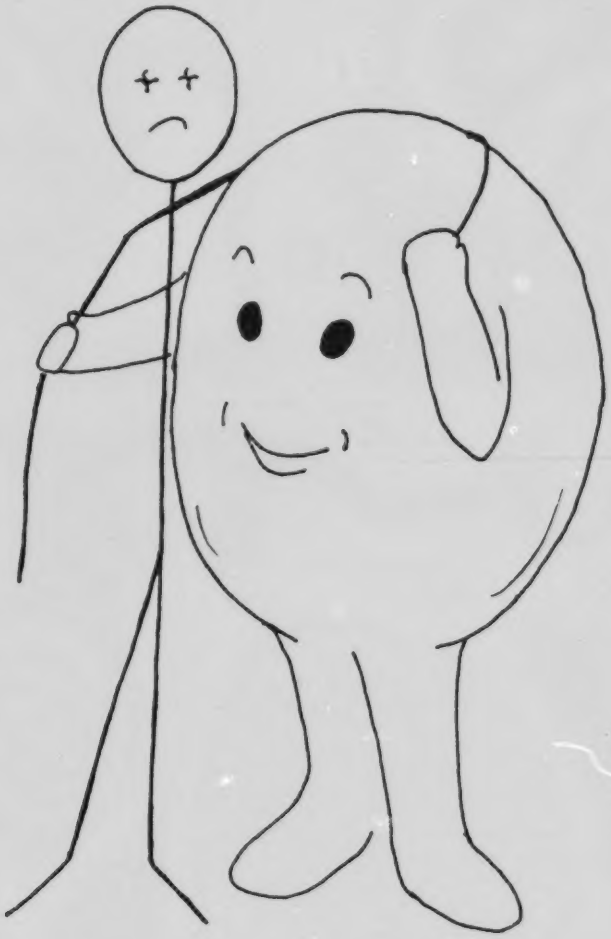
Only lift and carry a light adult who does not have serious wounds or no broken bones. Put one hand under the knees and the other under the upper back and armpit for support.



Supporting The Victim

You can help a person walk to safety who has not had a heart attack, has no broken bones, and who is conscious.

Help the person to their feet, put one of their arms around your neck, hold their hand at your chest. Put your other arm around them for more support.



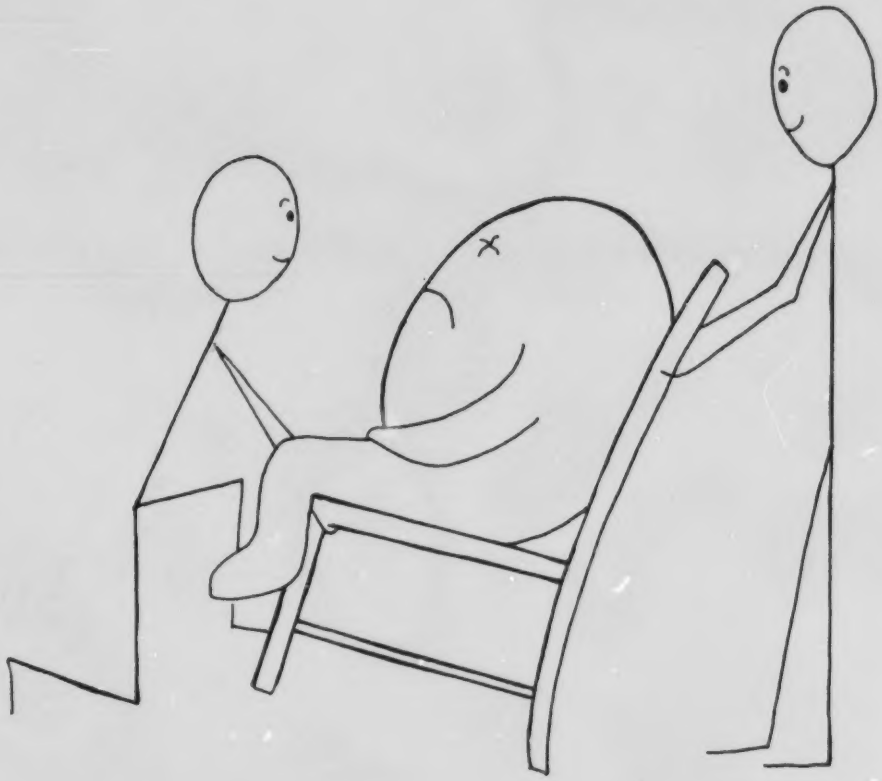
WORKSHEET C

Transferring Victims When You Have Help

Chair Carry

This method can be used if you have another person around but no stretcher or blanket. This is also good for going up and down stairs, through skinny halls and around corners. DO NOT USE THIS FOR PEOPLE WITH NECK, BACK, OR LEG INJURIES.

Set the person in the chair and lift the lightest side (feet side). After that, the other person will lift the back side. This keeps the patient from falling off.



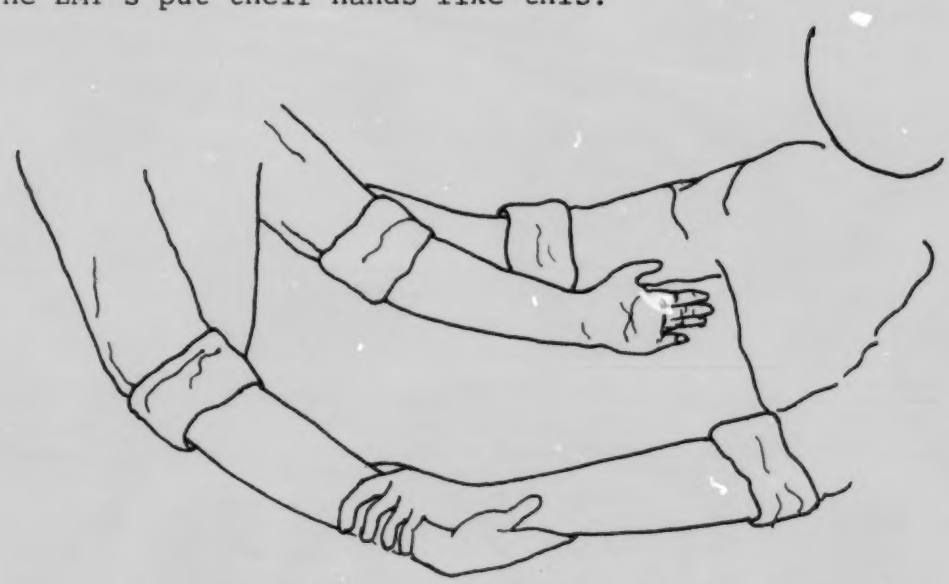
Fore-And-Aft Carry

It takes two people for this carry. This carry works well for a victim who is unconscious. Do not use this if there are broken bones or bad wounds to the body trunk.

2-Handed and 4-Handed Seats

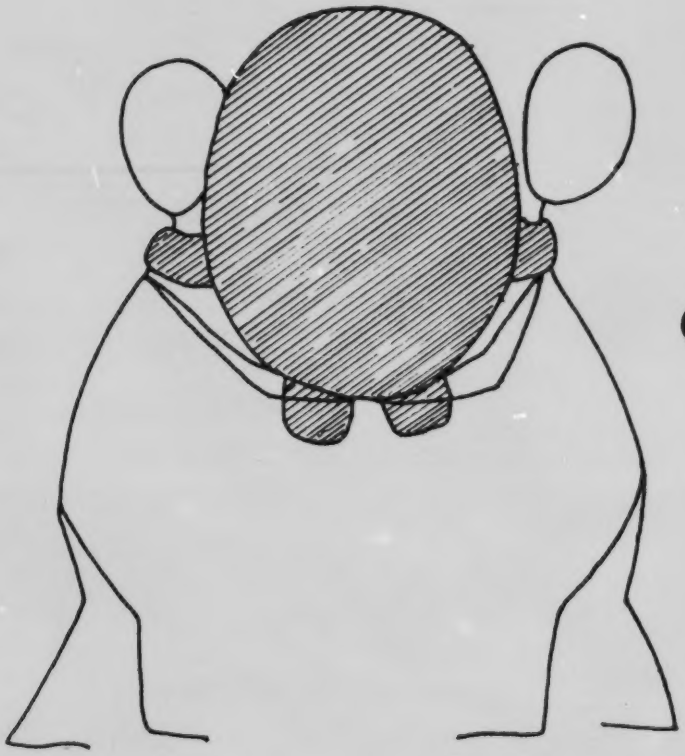
Another name for this carry is a swing. You can use the seats if the victim is not hurt real bad and can do what you tell him/her to do.

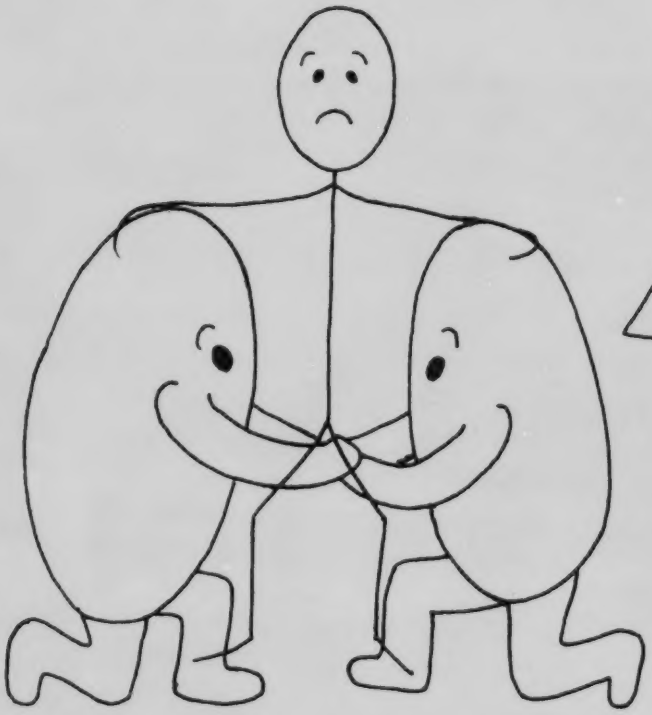
The EMT's put their hands like this.



The victim puts his/her arms around the EMT's neck and they put 2 of their arms around the back and behind the knees and lift.

The four handed seat gives you more strength for the seat but there is no support for the back.





WORKSHEET D

Transferring Victims Using Blankets

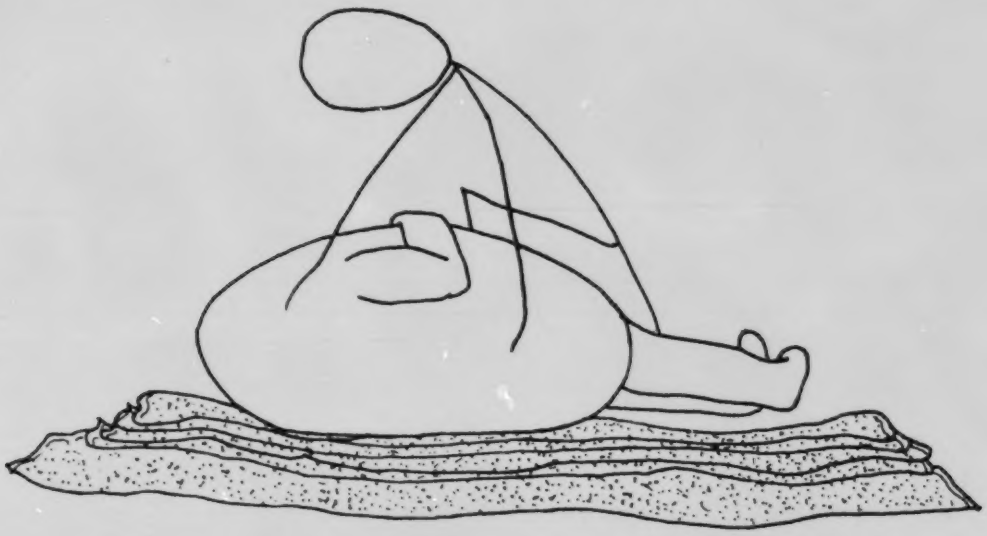
A blanket can be used for a short time or distance if a stretcher is not available. You should never use a blanket if you think there may be a back injury.

If you do use a blanket, one EMT should hold the head in line with the body. If the body has to be turned, turn it as a whole and make sure there is no twist or side-to-side motion of the neck or back.

Putting Blanket Under Victim

Put about 2/3 of the blanket in folds beside the victim. (DO NOT ROLL) Then put the folded part against the body.

Grab the victim by the hips and shoulders and roll him/her about 1/8 of a turn AWAY from the blanket.



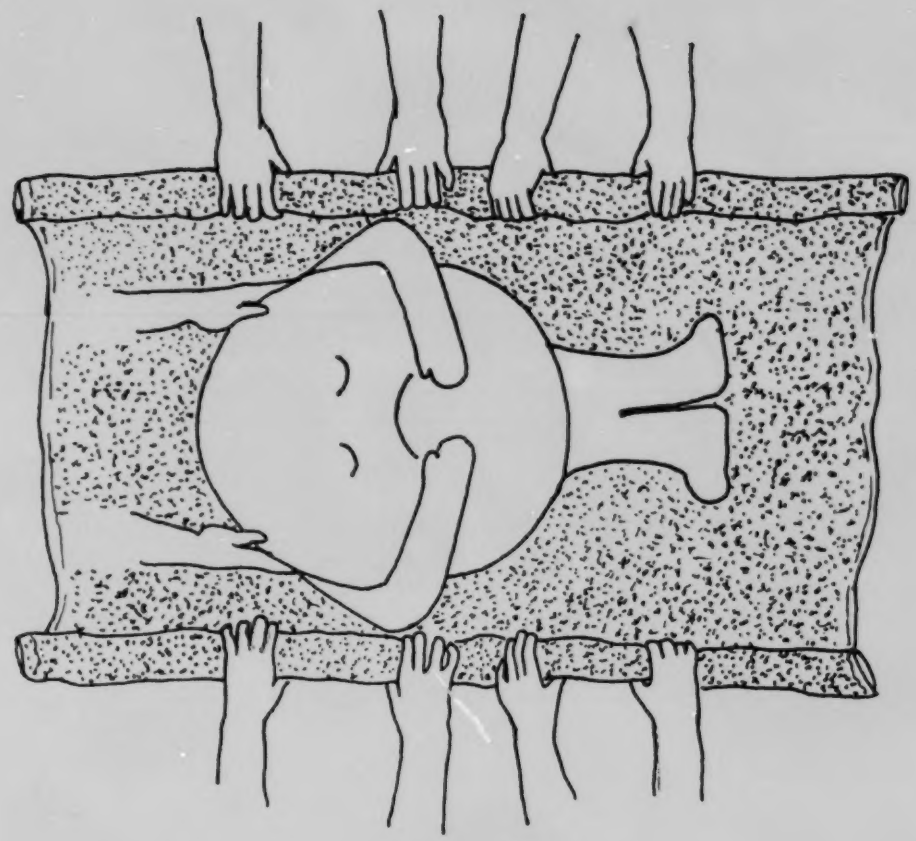
Push the folded part of the blanket as far under the victim as you can then roll him/her back over the blanket and turn him/her 1/8 of a roll in the other direction. Roll the blanket through. This puts the victim in the middle of the blanket. You can now roll up the sides and use it to lift the victim on to a stretcher or carry for transporting.

Lifting A Victim In a Blanket

Roll the blanket until it fits up against the victim's body.

Two people should be at the shoulders and two people should be at the hips. One person should be holding the victim's head.

Hands should be along these parts of the body.



A leader should tell the other EMT's what the lift signal is. Then when the signal is given - everyone holding the blanket should lean back, using their back muscles and body weight.

By doing this, the blanket will lift the victim about 6-8 inches off of the ground. A stretcher can then be slid underneath.

Remember--

Support all parts of the victim's body.
The victim's body should be kept in a straight line.
Helpers should lift real slow--and be careful not to hurt their own backs.

Name _____

Job Emergency Medical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Transport victim short distance to litter and/or ambulance.					

	YES	NO
Do you know now that there are jobs which use these skills?		
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Emergency Medical Technician

JOB COMPETENCY — Treats minor wounds.

LEARNING OBJECTIVES

1. Identifies open and or closed wounds.
2. Identifies causes of wounds.
3. Uses proper first aid for wounds.

LEARNING ACTIVITIES

1. Make a list of 10 ways to get an open wound. (Where there is a break in the skin.)

2. Make a list of 10 ways to get a closed wound (damage to tissues underneath the skin).

3. Read Worksheet A "Bleeding". Practice applying:
   a. Direct pressure
   b. Elevation
   c. Artery pressure
   d. Tourniquets

4. Read Worksheet B "Stopping Infection". Make sure you know:
   a. Safety precautions
   b. Cleaning wounds
   c. Taking out foreign objects
   d. Symptoms and care of infections
   e. Taking care of bite victims.

5. Read Worksheet C "Closed Wounds". Make sure you know:
   a. How to find a closed wound.
   b. How to care for the wound.

EVALUATION

1. Write down the injury and how you would take care of these victims.

   A. Victim throws up blood, and has a lot of pain and tenderness in stomach area. Very thirsty.

   B. Dog bit a small child's hand. Dog did not run away.

   C. Man gets fish hook caught in finger.

2. Tell your instructor how to stop bleeding by:
   a. direct pressure
   b. elevation

3. Fill out the Student Attitude Sheet.

WORKSHEET A

BLEEDING

As an EMT, one of your tasks will be to stop the blood flow of a victim. You have to work quick because if the victim loses a quart of blood he/she could pass out or go into shock.

DIRECT PRESSURE

This method is probably best, due to the fact you keep the victim from losing blood without bothering the rest of the circulation system.

You do this by putting the palm of the hand on a dressing right over the wound. The thick pad of cloth helps stop the bleeding by soaking up the blood and letting it clot.

If blood soaks through the pad, add new cloths over the old ones and press hard.

ELEVATION

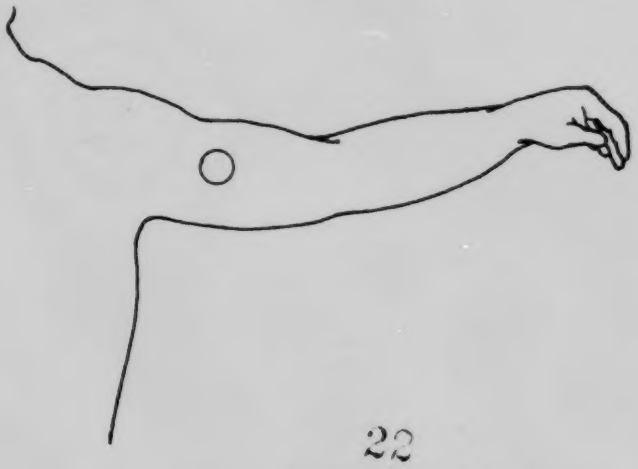
If the victim does not have a broken bone, any wound of the hand, neck, arm, or leg should be raised above the level of the victims heart.

By doing this, the force of gravity helps lower the blood pressure, which slows down the amount of blood going through the wound.

PRESSURE ON THE ARTERY

If direct pressure and elevation still do not work, the pressure point method is the next thing you should try. This method stops circulation in the limb by pressing the artery to the bone.

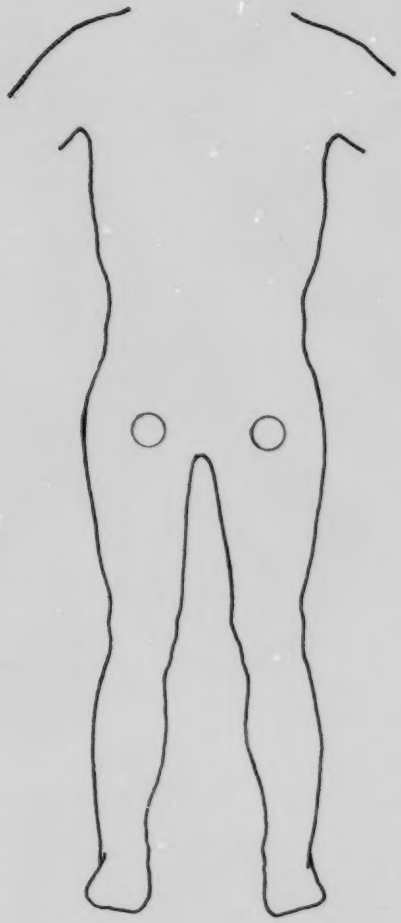
For an open arm wound use the brachial artery.



You can find it inside the arm in the groove between the biceps and triceps. It is just about in the middle between the armpit and the elbow.

To put the pressure on the artery, grab the middle of the victim's upper arm - put your thumb on the outside and your fingers on the inside. Press. This holds and closes the artery by pressing it against the bone.

For an open leg wound, the pressure point is on the front in the crease of the groin area.



To put pressure on this artery, lay the victim flat on his/her back and place the heel of your hand right over the pressure point. Lean forward and make sure your arm is straight. This keeps you from straining a muscle while you apply the pressure.

TOURNIQUETS (TURN-A-CUT)

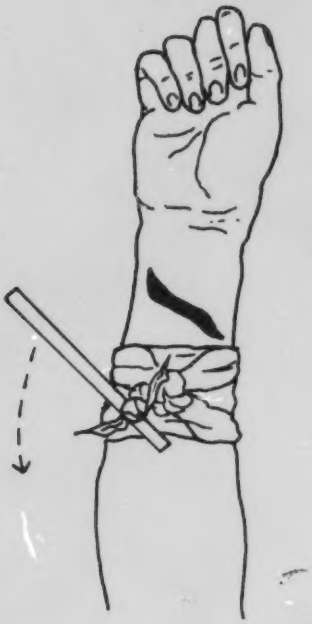
When all else fails, a tourniquet is used as a last resort. It is very dangerous. Before you use one, it should be a decision of life or the loss of a limb.

1. Put the tourniquet just above the wound. Do not let it touch the wound edge.

2. Wrap the tourniquet band tightly around the limb twice and tie a half knot.

3. Put a short, strong stick on the knot and tie 2 more knots on top of the stick.

4. Tighten the stick until the bleeding stops.



5. Tie the stick in place.

6. Write a note of when and where the tourniquet was applied. Pin the note to the victims clothes.

7. Treat for shock.

WORKSHEET B

STOPPING INFECTIONS

Once someone has an open wound, there is a threat of contamination. If you follow these steps, you take less of a chance.

1. Do not take the cloth pad off or move it once it has been applied.
2. Do not try to clean the wound (unless it is minor). Let the doctor do that.
3. Treat for shock.
4. Try to fix the wound so it does not move.
5. Try to elevate the wound.

If you clean a wound, follow these steps.

1. Wash your hands.
2. Wash in and around the wound.
3. Flush the wound with clean water.
4. BLOT it dry.
5. Put on a sterile bandage.

If there are objects in the wounds (glass, wood etc.) they should be taken out because it can cause infections.

1. Use sterile tweezers or needle. Pry out the object.
2. Real deep objects should be left for the doctor to take out.
3. To take out a fish hook - push it through until you can see the barbed in. Cut one side of the hook and pull it out.

If a wound gets infected, you can tell it by these signs.

1. Swelling of the wound.
2. Redness around the wound.
3. You can feel heat.
4. Throbbing pain.
5. Tenderness.

6. Fever.

7. Pus under the skin or draining.

8. Swollen glands in the groin, armpit or neck.

9. Red streaks.

If a victim has been bitten by an animal or a person - cleanse the wound, cover it and have a doctor see it as soon as possible.

If it was an animal, find it and watch it. Your health department will tell you how long you should watch the animal.

Do not kill the animal unless it is necessary. If it is - do not damage the head.

WORKSHEET C

CLOSED WOUNDS

You need to watch for closed wounds because they can cause serious damage to the victim.

1. A closed wound can be anywhere over the body.
2. There is no break in the skin.
3. Blood can be lost into body cavities.
4. They are less likely to get infected.

You can check for closed wounds if one of these things happen.

1. Cold, clammy, pale skin, weak but fast pulse, fast breathing and dizziness.
2. Pain and tenderness.
3. Restlessness and thirst.
4. Blood in urine, feces or vomit.

If you think someone has a closed wound:

1. Make sure they can breathe.
2. Check the victim for broken bones and other injuries to the head, neck, chest, limbs, back, etc.
3. Try to fix the wound so it won't move.
4. Move the victim in a lying down position.
5. Do not give the victim anything to drink.

Name _____

Job Emergency Medical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Treats minor wounds.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Emergency Medical Technician

JOB COMPETENCY — Apply Splints

LEARNING OBJECTIVES

1. Describe materials which can be used for splints.
2. Describe why splints are used.
3. Tell which splints are best for specific injuries and how to apply them.

LEARNING ACTIVITIES

1. Read Worksheet A "Things To know About Splints". Make a list of the things you could make splints out of, in an emergency situation.
   a. In your classroom
   b. On a school bus
   c. In the woods

2. Read Worksheet B "Putting on Splints". Practice applying splints for:
   a. Broken shoulder
   b. Broken collarbone
   c. Upper arm
   d. Wrist and forearm
   e. Legs
   f. Ankle and foot

EVALUATION

1. Write down three different things you could use for a splint and describe why and how they would help.

2. A student in your class will pretend that they have been in an accident. You must find out which bone is broken and put on a splint.

3. Fill out the Student Attitude Sheet.

WORKSHEET A

THINGS TO KNOW ABOUT SPLINTS

If and when you think someone has a broken bone you use a splint to hold the break still. It helps ease the pain and keeps the victim from going into shock. This keeps the broken bone ends from rubbing together and bumping any near by joints. They also keep the victim from getting hurt more when they are being moved.

1. You can buy splints, but in an emergency, you can make splints from cardboard, newspapers, boards, sticks, pillows, etc.

2. The splint should be long enough to go past the joints on each side of the broken bone.

3. The splint should be padded.

4. You can hold the splint in place by strips of cloth from shirts, handkerchiefs, ties, etc.

5. If the arm is broken, check the pulse and make sure the fingers do not swell. If they do, the bandages may be too tight.

6. If the victim says their fingers or toes are numb or tingling, loosen the ties.

7. It is not true that if you can move your fingers or toes, you do not have a broken bone. KEEP THE VICTIM FROM MOVING ANYTHING.

8. Never ask a victim to move the part or walk on a bone that may be broken.

9. Don't let a victim move his/her head if you think they may have a neck or spine injury.

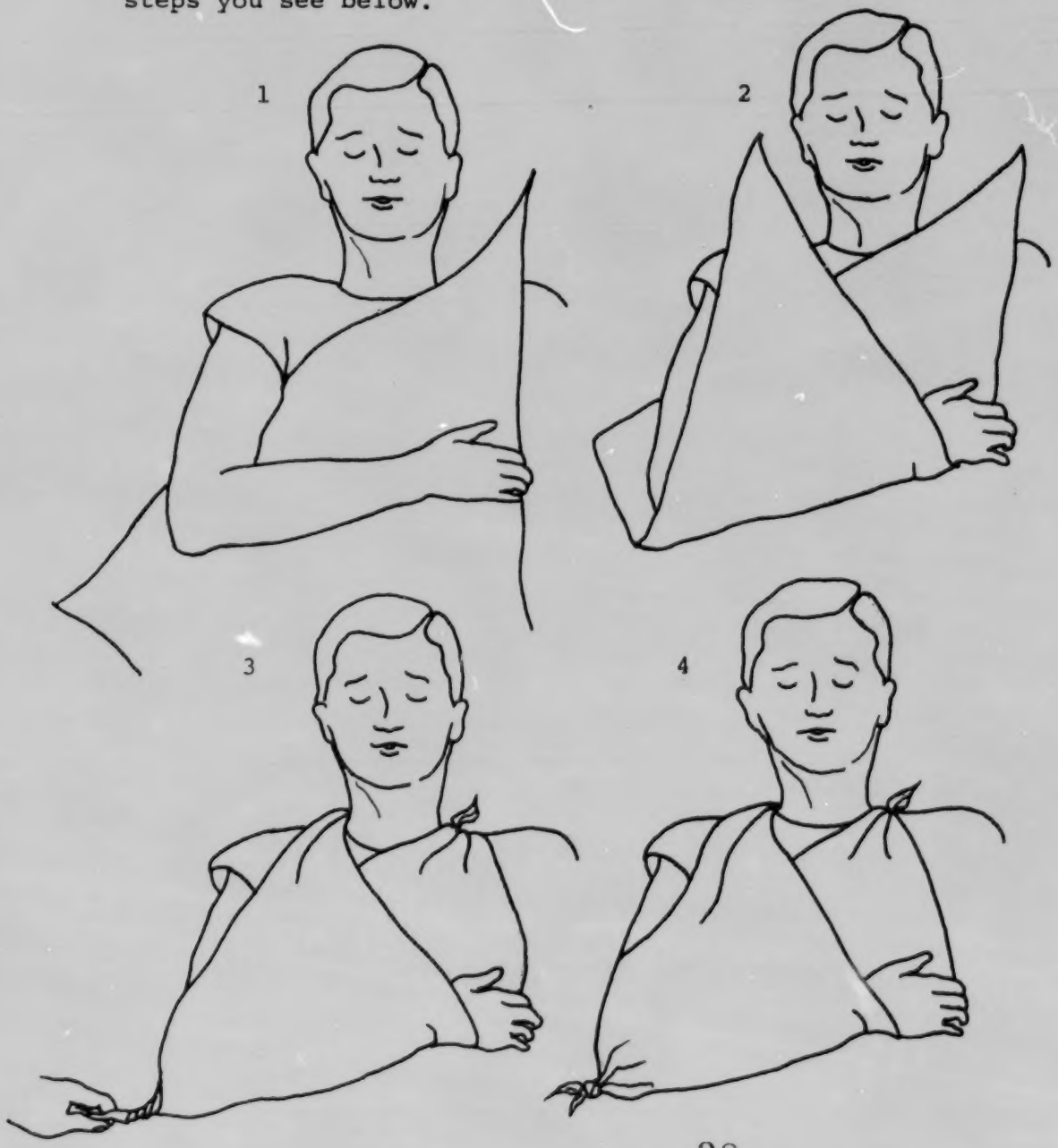
WORKSHEET B

PUTTING ON SPLINTS

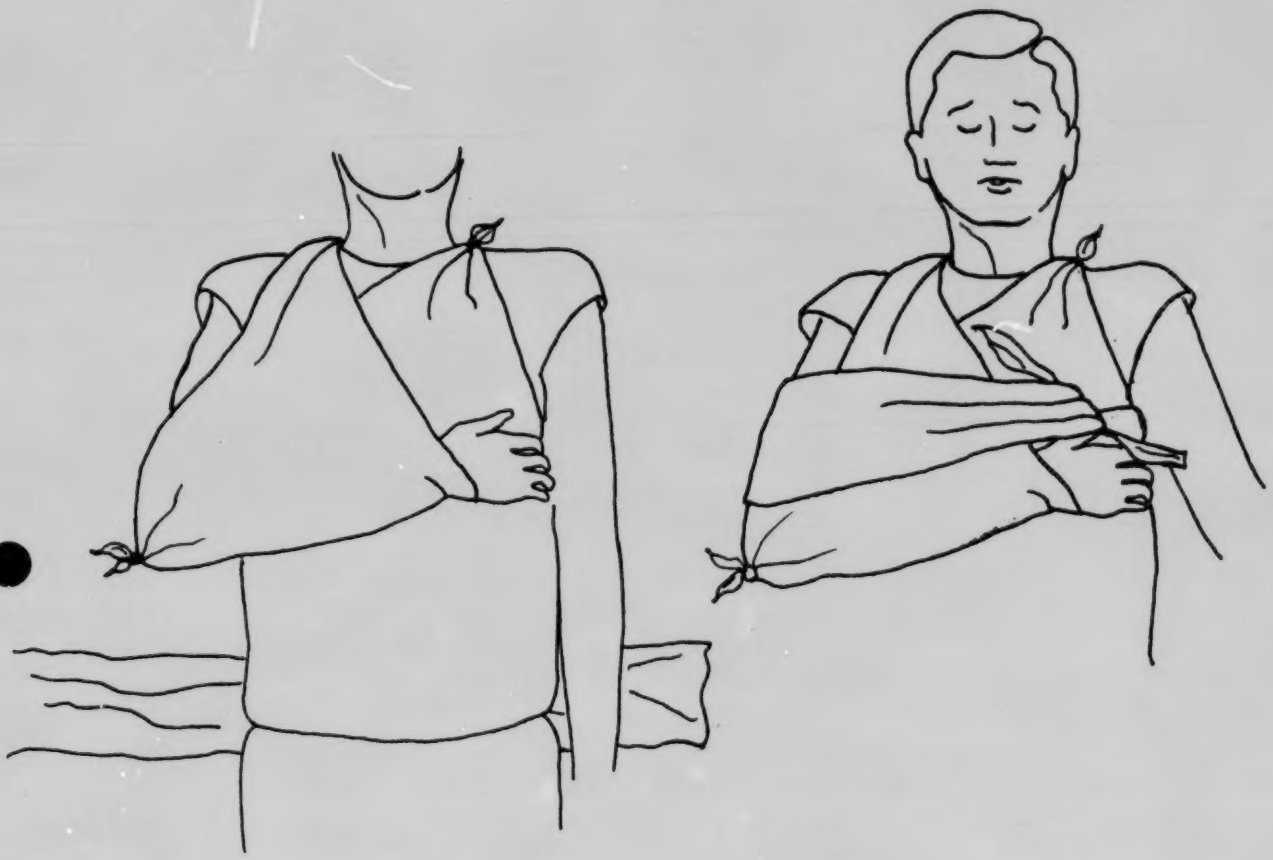
This worksheet will show you how to put on splints for bones which are broken, but do not come through the skin.

A. SHOULDER

Put on a sling and tie the arm to the chest wall. Follow the steps you see below.



To tie the chest - slip the strip of cloth under the small of the back and pull it real easy up under the chest.



B. COLLAR BONE

Tie a sling as you did for a broken shoulder but make sure the arm and shoulder blade is in the place it belongs. This is because they will fall due to the lack of support from the collar bone.

C. UPPER ARM

Put a pad in the victim's armpit and put on a splint. Tie the splint above and below the break.

Put the forearm in a sling. Make sure it doesn't press on the broken bone.

D. WRIST & FOREARM

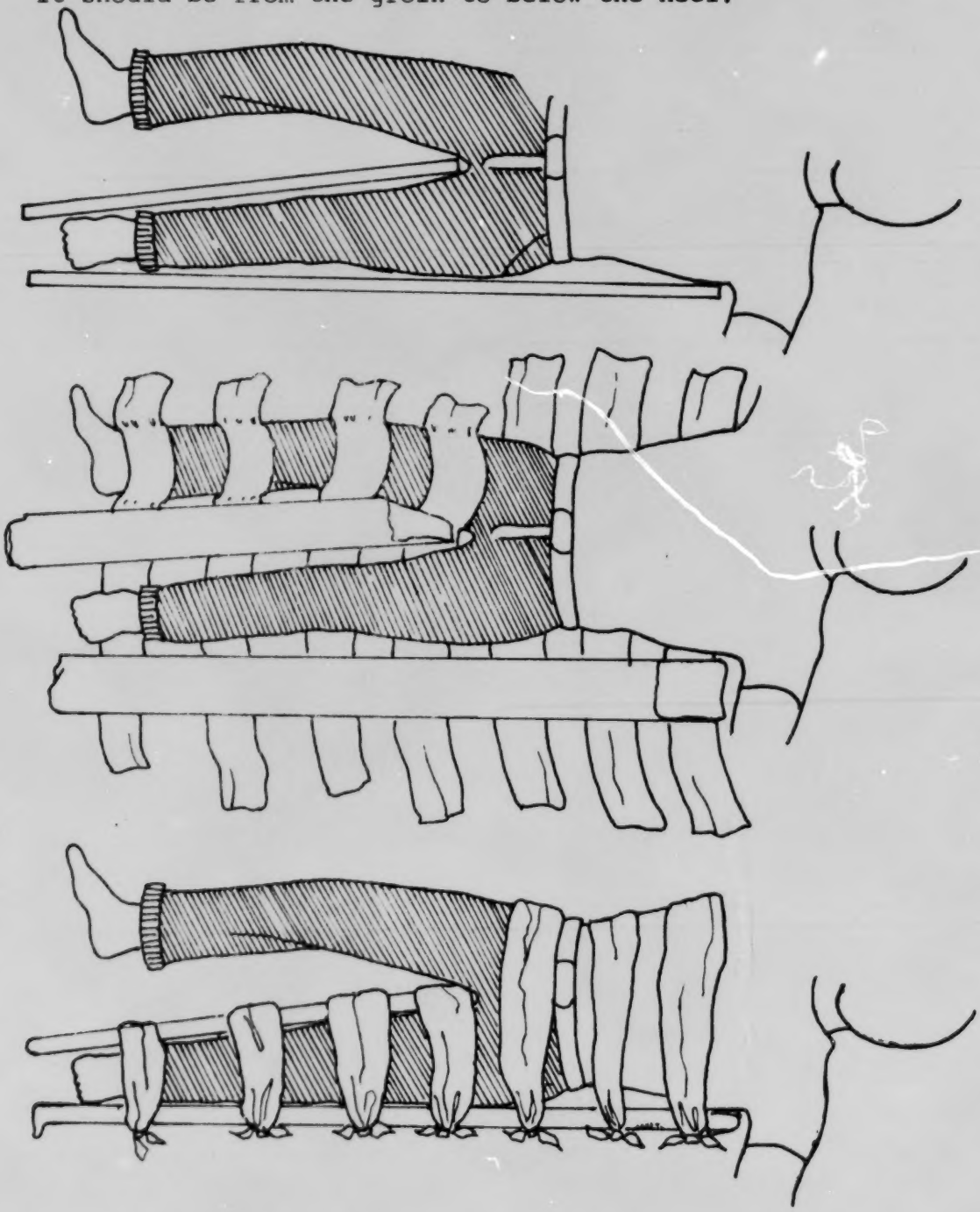
You treat this break the same as the upper arm.

1. Put well padded splints on each side of the arm.

2. Bend the elbow and put on a sling so the thumb is up and the hand is a little higher than the rest of the arm.

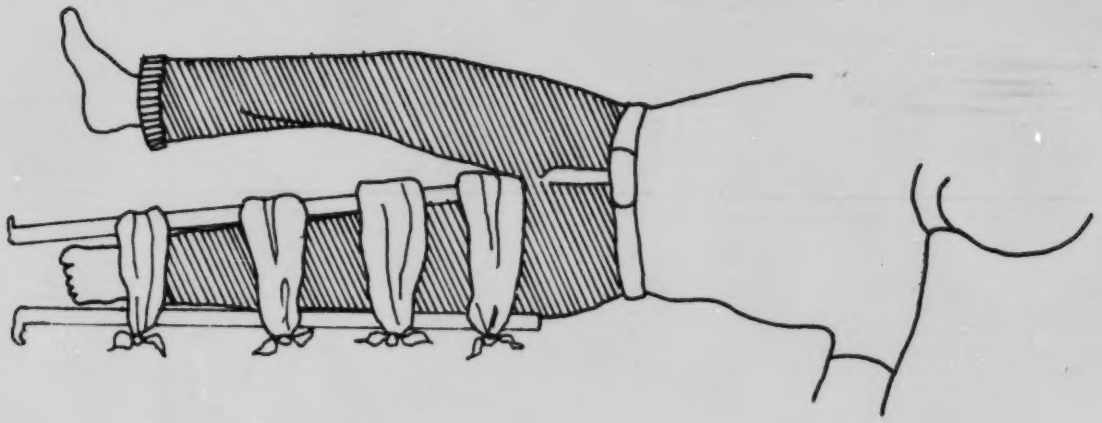
E. LEGS

If the upper leg is broken, the splints should go on the outside from the armpit to below the heel and for the inside it should be from the groin to below the heel.



Put extra padding at the knee and ankle.

If the lower leg is broken, splints need only reach from the hips to below the ankle.



F. ANKLE & FOOT

Make the victim lie down and put his/her foot up. Take off their shoes. Use a pillow or blanket and wrap it firm. DO NOT TRY TO STRAIGHTEN THE FOOT.

Name _____

Job Emergency Medical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Apply splints					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Emergency Medical Technician (EMT)

JOB COMPETENCY — Check victim for type of injuries.

LEARNING OBJECTIVES

1. Explain why time is important when checking victims.
2. Identify what to look for in a primary check.
3. Identify what to look for in a secondary check.

LEARNING ACTIVITIES

1. Attend a lecture by an EMT on checking a victim for injuries. Ask the EMT questions about the time involved in checking the victim.

2. Use Worksheet A as a guide and practice the primary check on a student in your class. Mark off each area as you complete your check.

3. Use Worksheet B as a guide and practice the Secondary Check on a student in your class. Mark off each area as you complete your check.

EVALUATION

1. Put a 1 for each item that is a primary check, a 2 for each item that is a secondary check and an x if the item is not either.

   A. Fill out the Student Attitude Sheet.

   B. Check for bleeding.

   C. Look, listen for breathing signs.

   D. Check eyes and nose for blood.

   E. Ask victim to grip with both hands at the same time.

   F. Ask victim to explain what happened.

   G. Check legs for broken bones.

H. Tilt head.

I. Check pulse.

J. Cover victim so they will not go into shock.

2. Fill out the Student Attitude Sheet.

WORKSHEET A

PRIMARY CHECK

The primary check is used to find out if the victim is in a life or death situation. There are four main steps you must follow. They are listed below.

1. Head tilt - This makes sure the victim can get plenty of air.

2. Look, listen for breathing signs - To do this you look at the chest to see if it rises and falls, listen for exhaling.

3. Take pulse - To save time take the pulse for 30 seconds and multiply by two.

4. Look at the entire body - Check for a lot of blood loss and try to find where it is coming from.

WORKSHEET B

SECONDARY CHECK

After you make sure the victim does not need life-or-death treatment, you must check for other injuries.

HEAD, FACE, NECK

Look at and touch the scalp, pupils, ears and nose for blood or clear fluid.

Check in the mouth to make sure there is nothing in it to block the air.

Check the back of the neck for tenderness.

SHOULDER, COLLARBONE

Look for wounds, feel for deformity, tenderness.

Chest

Look for wounds, and broken bones. Also check to make sure each side of the chest rises at the same time when the victim breathes.

ABDOMEN

Check for wounds, tenderness.

LEGS

Check for broken bones, wounds.

SPINE

Slide hand under the small of the back and check for tenderness, deformity.

BRAIN DAMAGE

Ask the victim if they can feel their feet. Then ask the victim to grip with both hands at the same time.

Name _____

Job Emergency Medical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Check victim for type of injuries.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Emergency Medical Technician

JOB COMPETENCY — Identify major equipment found on an ambulance.

LEARNING OBJECTIVES

1. Become familiar with layout of an ambulance.
2. Why equipment is placed as it is on an ambulance.
3. Observe safety features in an ambulance.

LEARNING ACTIVITIES

1. Attend a lecture/demonstration by an EMT on the use of equipment in an ambulance.
2. Make a list of the major pieces of equipment and what it is used for. Compare your list with another student. Ask the EMT to check your list.
3. Draw the inside of an ambulance and put in the major pieces of equipment.

EVALUATION

1. An EMT will take you inside an ambulance and ask to identify and explain the use of 5 different pieces of equipment. You will also be asked to locate 3 pieces of equipment.
2. Fill out the Student Attitude Sheet.

Name _____

Job Emergency Medical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Identify major equipment found on an ambulance.					

	YES	NO
Do you know now that there are jobs which use these skills?		
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

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SURGICAL TECHNICIAN

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. CODE
Surgical Technician	079.374	07.0305

DUTIES

1. Wash, shave and sterilize the part of the patient which will be operated on.
2. Scrub hands and put on cap, mask, gown and rubber gloves.
3. Put equipment and supplies in the operating room, as the doctor tells you.
4. Put the instruments in order as the nurse tells you.
5. Help team put on gowns and gloves.
6. Make sure there is enough blood and other fluids to last the time the patient is being operated on.
7. Fix lights and equipment as told.
8. Clean operating room.
9. Count sponges, needles and instruments used during operation.

WHERE EMPLOYED

1. Most work in hospitals or other places that have an operating room, delivery room and emergency room.
2. Many work for the Armed Forces.

EMPLOYMENT OUTLOOK

Good through the mid 1980's. It will grow more than average because there are more people needing surgery and insurance is paying for more surgery.

EDUCATION & TRAINING

1. High School graduate.
2. Training programs last from 9 months to 1 year. You will get classroom work as well as on the job training. You will take courses in care of people in surgery, and nursing procedures. You can take a test to get certified. (CORT). If you take the test, you will make more money.

SPECIAL QUALIFICATIONS

You should be good with your hands due to the fact that you will be handling the different instruments quickly.

You should be an orderly and calm person.

WAYS TO ENTER FIELD

Check with your job placement counselor after you finish the course. Apply at hospitals near you and check the want ads in newspapers.

CHANCE OF ADVANCEMENT

You may advance to supervisory position and help order supplies and arrange work schedules and direct other operating room technicians.

EARNINGS AND ADDITIONAL BENEFITS

Average starting salary in 1976 $7,400.00 a year.
Experienced make $9,300.00.
Federal Government $8,316.00
The money you make will depend upon the place you live and the training you will have.

You will get paid vacations and sick leave.

WORKING CONDITIONS & LIFESTYLES

Surgical technicians usually work a 5 day, 40 hour week. But might have to be "on call" for some shifts. This means you must be around to work on short notice.

HEALTH OCCUPATIONS

JOB TITLE — Surgical Technician

JOB COMPETENCIES — Identifies and handles surgical instruments.

LEARNING OBJECTIVES

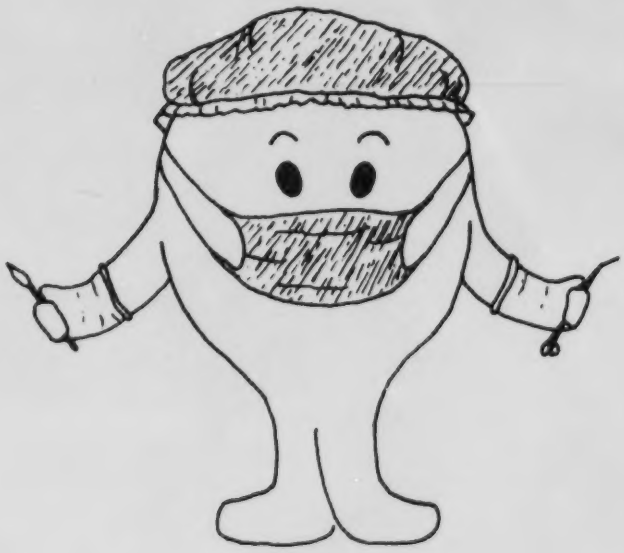
1. Classify common instruments.
2. Identify uses of common surgical instruments.

LEARNING ACTIVITIES

1. Read Worksheet A "Classes of Surgical Instruments". Study the classes until you can list them without looking at the worksheet.

2. Attend a lecture by a surgical technician. Ask questions during a class discussion after the lecture.

3. Attend a demonstration by a surgical technician on how to hand the instruments to surgeon. Practice doing this with a classmate. Use Worksheet B as a guide.

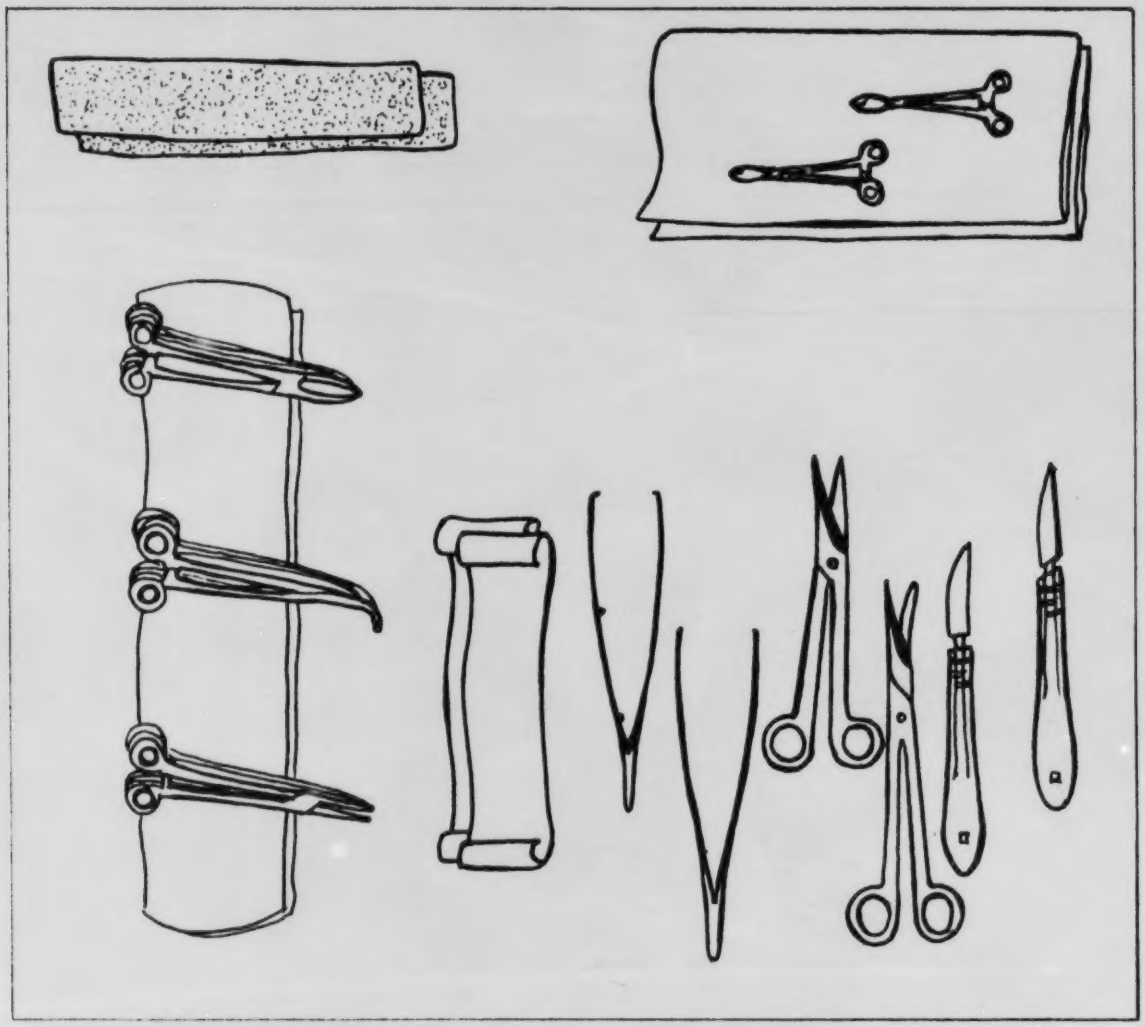


EVALUATION

1. Identify each of the 9 instruments drawn below. Tell what they are used for.

2. Show your instructor how to handle the instruments.

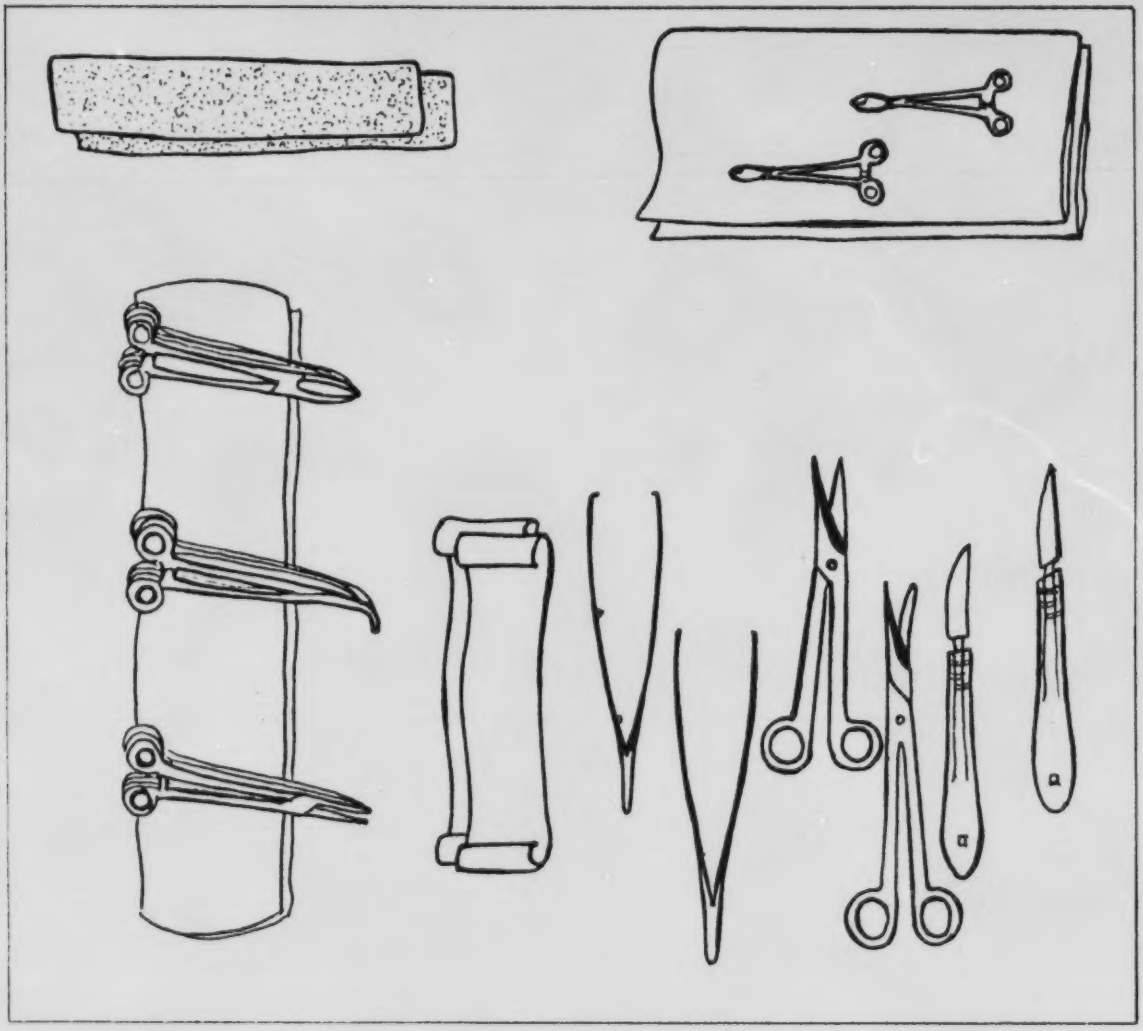
3. Fill out the Student Attitude Sheet.



WORKSHEET A

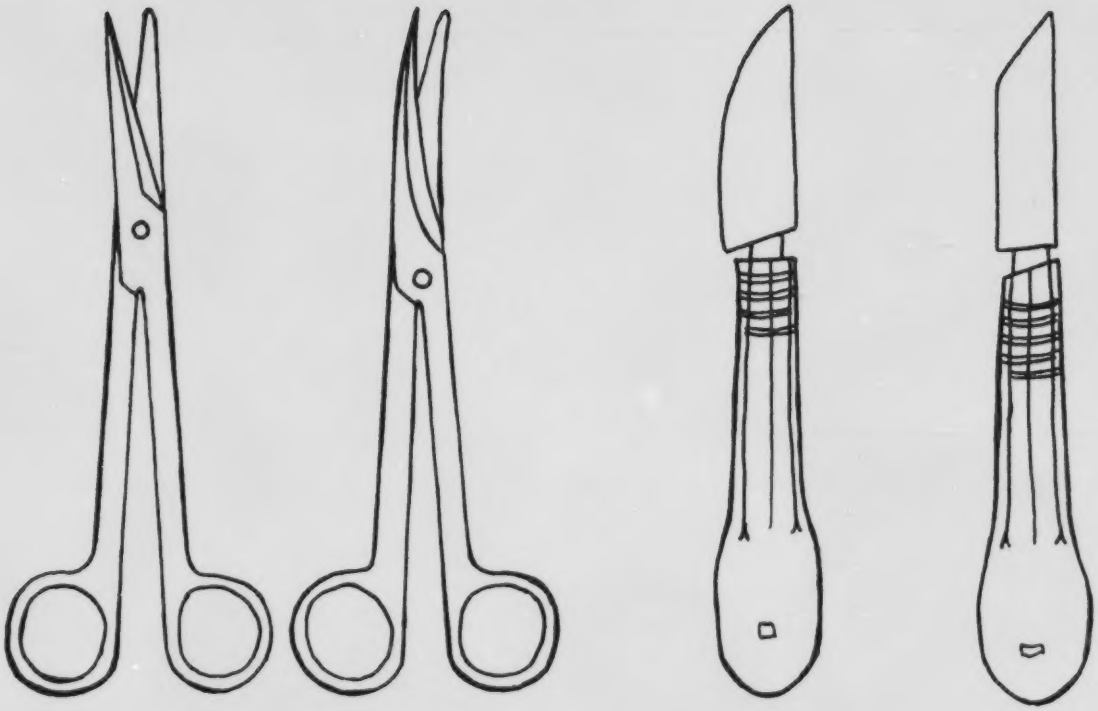
Classes of Surgical Instruments

In every operation most of the instruments drawn below will be used. The number, size, shape, strength and function will be different from one operation to another.



Cutting or dissecting

The knives (scapels) and scissors drawn below will be used early in the operation to help the surgeon reach the depth he/she needs to cut into the body. The number, size and strength of the scissors will change with different operations.

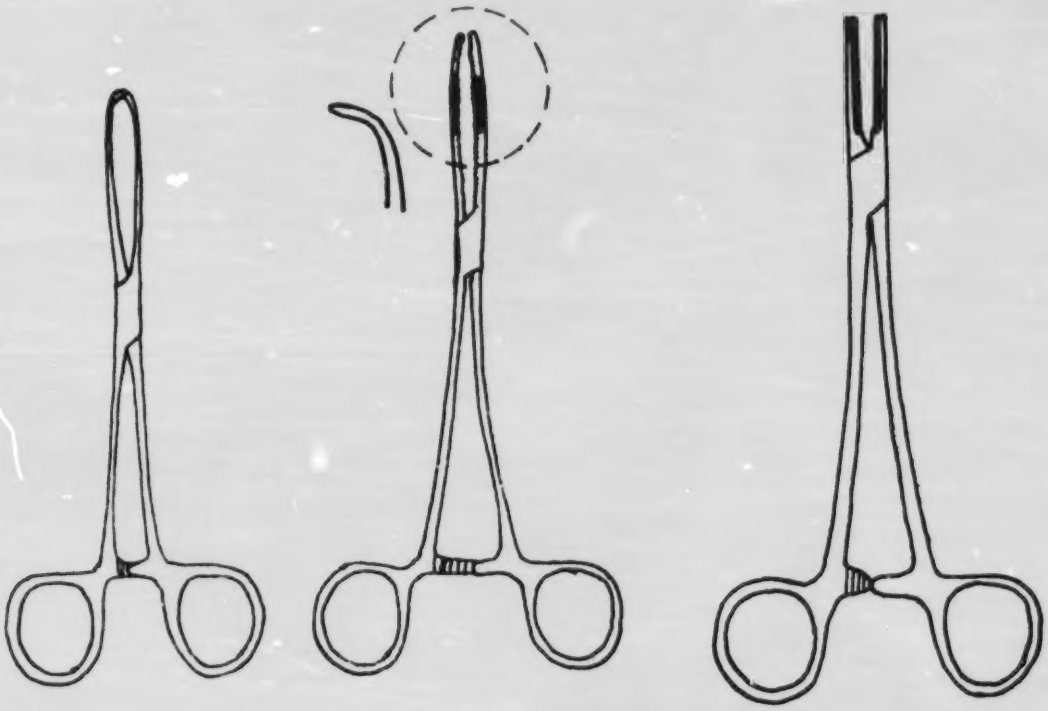


Grasping and holding

Tissue forceps are used for grasping and holding any organ, vein etc., that may be in the surgeons way.

Clamping and Occluding (O-CLOOD-ING)

To occlude means to block off. A surgeon will use hemostatic (HEE-MO-STATIC) forceps and clamps. They use these to block off veins and arteries.

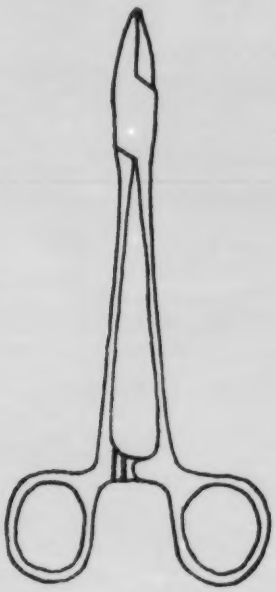


Exposing

Retractors are used to hold back fat and skin. This makes it easier for the surgeon to operate.

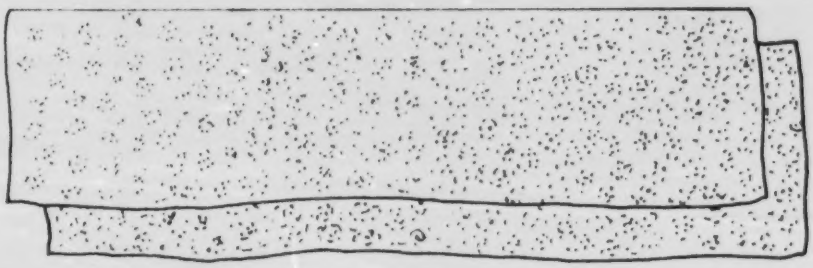
Suturing SUE-CHER-ING

To suture means to sew up. The surgeon uses needle holders to sew incisions after the operation is over.



Sponges

Sponges are used to soak up blood or any other fluids during the operation.



WORKSHEET B

Keep these things in mind as you practice handling instruments back and forth.

1. Be firm when you pass an instrument. When it is passed right; the surgeon knows that he/she has it; their eyes do not have to leave the site.

2. When you pass an instrument, it should be slapped firmly in the surgeons hand in the right position for him/her to use it.

3. If surgeon is on the opposite side of the table, pass with your right hand.

4. If surgeon is on the same side of the table and to your left, use your right hand.

5. If the surgeon is on the same side of the table and to the right, use your left hand.

6. Keep instruments as clean as possible. Wipe blood and other matter from them with a moist sponge.

Name _____

Job Surgical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Identifies and handles surgical instruments.					

	YES	NO
Do you know now that there are jobs which use these skills?		
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Surgical Technician

JOB COMPETENCY — Prepares self and team by scrubbing and putting on caps, masks, gowns and rubber gloves.

LEARNING OBJECTIVES

1. Identifies clothes worn in operating room (OR).
2. Tells why special clothes are needed.
3. Prepares self for OR.
4. Aids team to get ready for OR.

LEARNING ACTIVITIES

1. Read Worksheet A.
2. Practice scrubbing your hands as you were told in Worksheet A.
3. Read Worksheet B.
4. Ask another student to aid you in getting ready for OR.
5. Assist another student to get ready for OR.

EVALUATION

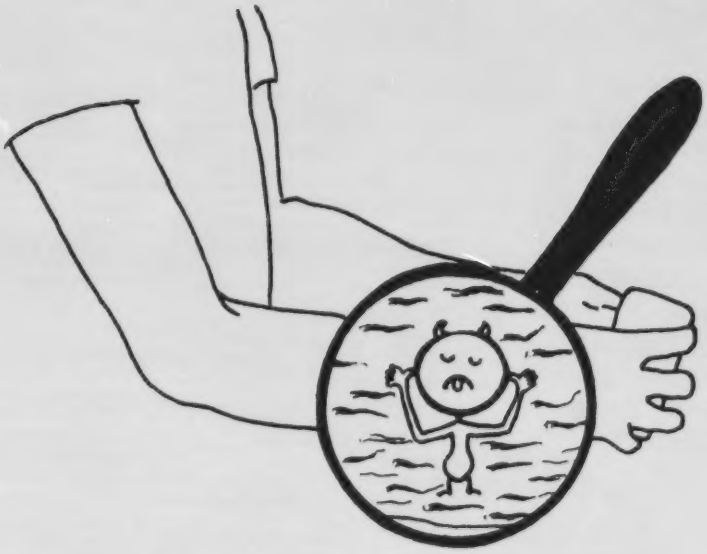
1. Scrub your hands and put on cap, mask, gown and rubber gloves. You may use a student as an aid.
2. Help another student put on cap, mask, gown and rubber gloves.
3. Fill out the Student Attitude Sheet.

WORKSHEET A

How to Scrub

After you read this, you will feel lucky your parents don't make you wash your hands like this before you eat.

Some germs are easy to wash away, but some are very stubborn and don't give up their hold on your skin. It takes more than running your hands on a bar of soap to kill them.

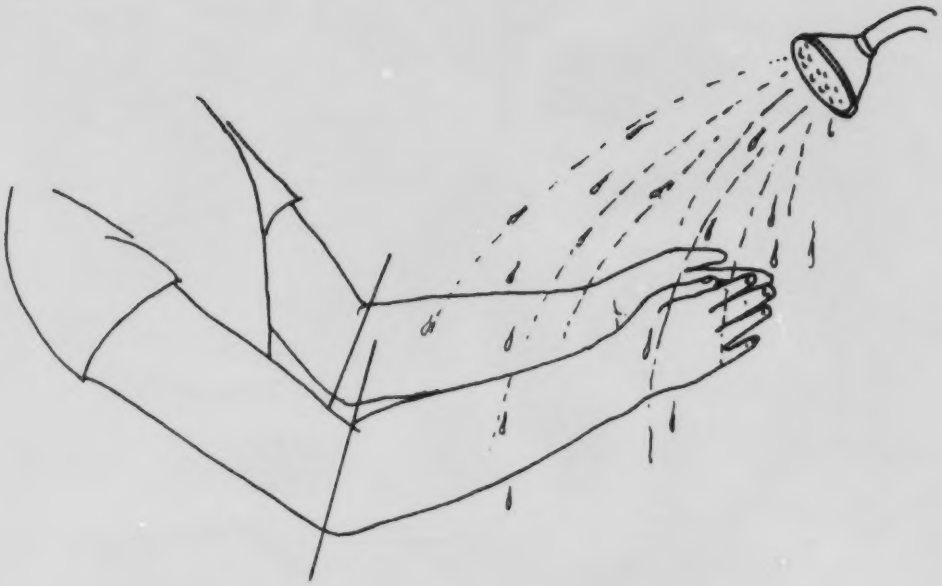


These are steps some hospitals make you use. Each hospital will be a little different.

<u>Scrubbing with Soap and Water</u>

1. Trim your nails so they are 1mm (millimeter) in length. This line is one millimeter long.

2. Wet your arms from the elbow down.



3. Put soap on each arm.

4. Scrub with a brush for 2 minutes.

5. Clean under fingernails.

6. Rinse well. Let the water run off your elbows.

7. Dry hands and arms to the elbow with a sterile towel.

8. Put your hands and arms (just below the elbow, in alcohol for 2 minutes.) Rub arms and hands real hard for the two minutes.

9. Let the air dry your skin. Keep rubbing your hands and wrists. DO NOT RUB THE ELBOWS OR ABOVE.

WORKSHEET B

Operating Room Fashion

The style of clothes worn in the operating room does not change very often.

The fabric does not put lint in air (or your bellybutton). The fabric does not let germs pass through.

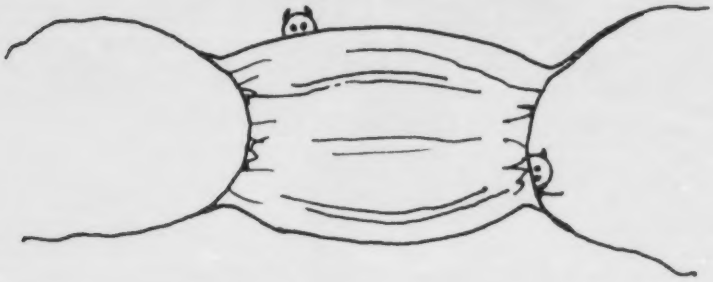
The fabric is comfortable and lets you move easily.

The fabric lets heat and water through.

The fabric will not catch on fire.

Caps - Staff in the OR wear caps or hoods because germs get on hair. You might say - Can't germs go through the cap? Remember - germs can not go through the fabric - so if you cover your head the germs can't get out. All of your hair has to be covered.

Masks - Everyone wears masks. They keep germs from your nose and mouth from escaping.



Gowns - People wear gowns to keep germs from going to the patients. The gowns have to go from the neck to below the knees and to the wrists. The gown should fit snug around the wrists so the gloves can go over top. They usually tie behind the neck and waist.

Name _____

Job Surgical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Prepares self and team by					
scrubbing and putting on caps,					
masks, gowns and rubber gloves.					

	YES	NO
Do you know now that there are jobs which use these skills?		
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Surgical Technician

JOB COMPETENCY — Wash, shave and sterilize patients' operative area.

LEARNING OBJECTIVES

1. Tell why the patient must be shaved and sterilized.
2. Tell how to shave each area of the body.
3. Shave and sterilize area to be operated on.

LEARNING ACTIVITIES

1. Read Worksheet A.
2. Write how you would shave a student for wrist surgery. Draw a picture to show your steps.
3. Read Worksheet B.
4. Prepare a student for wrist surgery.
5. Let a student use your arm for Learning Activity 4.

EVALUATION

1. Explain why it is necessary to shave, wash, and sterilize a patient for surgery.
2. Draw a picture of how you would shave for
   A. chest surgery
   B. brain surgery
   C. shoulder surgery
3. Fill out the Student Attitude Sheet.

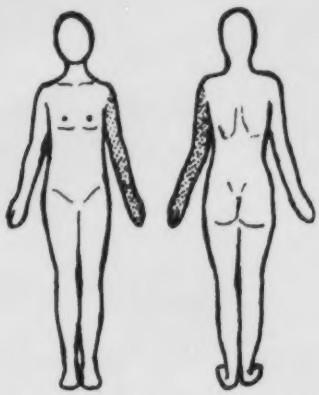
WORKSHEET A

Germs live on hair. Since you can't get the germs off of the hairs, you have to shave the area. When you operate on someone and the skin is cut, germs can jump right in and go to the heart, brain, liver etc. It is very important that all of the germs be removed before the operation.

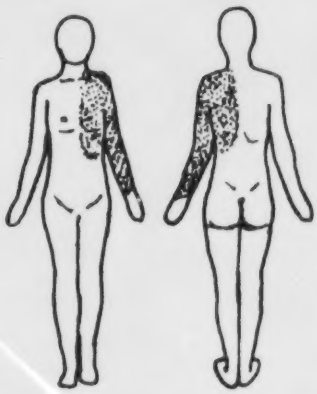
You might think that you only have to shave the small area where the cut will be made. WRONG. The area must be large so that the operation can be larger if it is needed. If a large area is shaved, it will be safe to operate.

Below is a list of common operations and a picture of the area to be shaved.

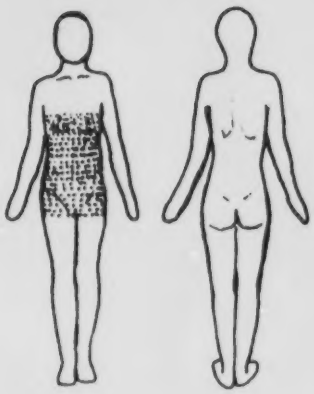
1. Elbow - shave the joint, and above and below the elbow (both sides of the arm).



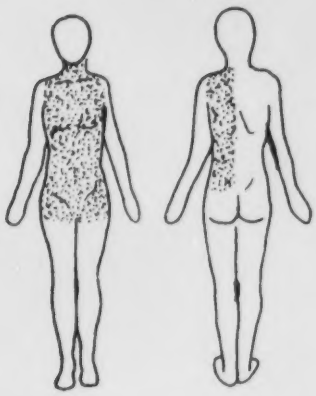
2. Shoulder - Shave the shoulder, armpit, arm (down to and over the elbow). Shave the chest (front and back on the side to be operated on).



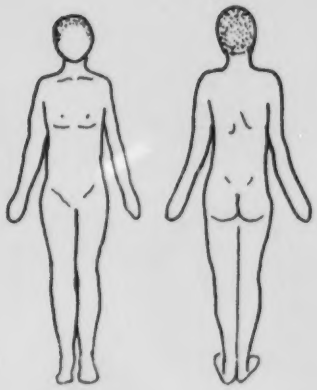
3. Abdomen - Shave from the breast nipples down to and including genitals.



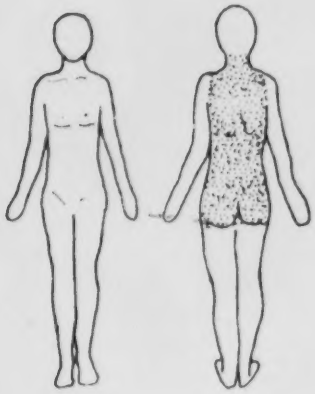
4. Chest - Shave from the chin down to and including the genitals. Shave the back on the side the operation will be.



5. Brain - Shave the head.



6. Back - Shave from the hair line of the back down to and including the rectal area.



WORKSHEET B

Use these steps to shave a patient.

Shaving With A Razor

1. Keep the patient covered. Only expose the part of the body you are working on.
2. If you use a razor, lather the skin well with warm soapy water.
3. Shave the area with a fresh razor blade. Do not cut the patient as you shave him/her. The cut you make in the skin could get infected.
4. Use a good light and be sure to shave off all of the hair.
5. Clean off the area well.
6. Clean off all adhesive tape marks.
7. Put sterile bandage over the area.

Using Hair Remover

1. If you use hair removing cream, read the directions on the cream.
2. Put a lot of the cream on the area from which the hair is to be removed.
3. Wait as long as the directions tell you.
4. Scrape the cream off with a tongue blade, or a piece of gauze.
5. Wash the area with warm soapy water.
6. Cover the area with a sterile bandage.

Name _____

Job Surgical Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Wash, shave and sterilize patient's operative area					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

MEDICAL LABORATORY TECHNICIAN

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. Code
Medical Laboratory Technician	078.168	07.0203

DUTIES

1. Identify blood types.
2. Store and label blood plasma.
3. Clean and store laboratory equipment.
4. Make formulas following directions.
5. Keep records of tests.
6. Identify specimens.

WHERE EMPLOYED

1. Hospital laboratories
2. Independent laboratories
3. Doctor's office
4. Public health clinics
5. Drug companies
6. Research laboratories

EMPLOYMENT OUTLOOK

Favorable through the mid 80s. Assistant positions will grow due to the wider use of machines. Assistants can operate machines which perform tests only technologist could before.

EDUCATION & TRAINING

Medical Laboratory Technologist training includes 4 years of college as well as completion of special training in laboratory technology.

Training for a medical laboratory technician requires a two year course following graduation from high school. The course can be taken at a vocational school or a community college.

Medical Laboratory Assistants are trained on-the-job or in a vocational program.

SPECIAL QUALIFICATIONS

You should be a very accurate person and be able to work under great pressure. You should like working with your hands and have normal color vision.

WAYS TO ENTER FIELD

1. See your job placement counselor after you finish your training programming.
2. Apply at local hospitals, or laboratories.

CHANCE OF ADVANCEMENT

Assistants and technicians can advance to technologists by getting more education and experience.

Technologist may advance to supervisory positions.

EARNINGS & BENEFITS

Starting Salaries

Medical Technologist	$11,600 a year
Medical Technicians	$ 9,700
Medical Assistants	$ 8,600

Hospitals usually give you paid vacations and holidays and sick leave.

WORKING CONDITIONS & LIFESTYLES

Laboratories are well lighted and clean. There may be unpleasant odors from specimens and diseased tissues.

Most work 40 hours a week, some of which may be on weekends and nights.

HEALTH OCCUPATIONS

JOB TITLE — Medical Lab Technician

JOB COMPETENCY — Test urine.

LEARNING OBJECTIVES

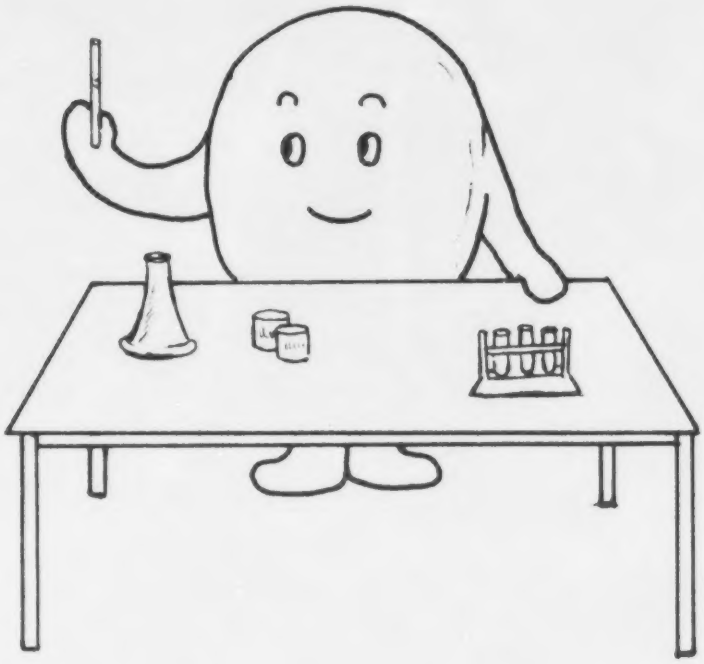
1. Identify the main tests that can be done on urine.
2. Define PH, protein, glucose, ketones, bilirubin and blood.

LEARNING ACTIVITIES

1. Complete Worksheet A. "What You Can Find In Urine Tests"
2. Complete Worksheet B. "How To Test Urine".

EVALUATION

1. Test your urine for PH, protein, glucose, ketones, bilirubin and blood. Explain the results to your teacher.
2. Fill out Student Attitude Sheet.



WORKSHEET A

WHY TEST URINE?

If you are sick and do not know what is wrong with you, the first thing a lot of doctors do is order urine and blood tests. In this worksheet you will learn what is "normal" urine and what is not normal.

When your kidneys or other organs of your body are not working right; it might put off too little or too much of one chemical. By testing the urine and comparing it to what normal urine is like, doctors can find clues as to what is making you sick.

PH

You have seen TV commercials that say a shampoo is PH balanced. What does this mean? (The PH balance of a solution means how much acid a solution has in it.) There is a range of 0-14 with 7 being "neutral". It is not acidic or basic. Urine usually has a value of 5-9. Most healthy people have urine between 5 and 6. This is slightly acidic. If the PH is higher or lower than this, the doctor knows to look closer. If the PH is low, 0-5, the doctor knows to look for fever. The patient could also be on a high protein diet. If the PH is high, 9-14, the doctor looks for ulcers, poor blood, bladder problems, etc.

PROTEIN

Usually there is not protein in urine because the size of the molecules will not filter through. Some health problems will make the proteins stand out.

GLUCOSE (GLUE-KOSE)

Glucose is sugar. There is only a tiny bit of glucose in urine. If a lot of glucose is in the urine, the person could be a diabetic.

KETONES (KEY-TONES)

If ketones show up in the urine, the person could be losing weight. Ketones show up when the body breaks down fat that is stored in the body. If there is a large amount of ketones, it could mean that the person has diabetes.

BILIRUBIN (BILLY-RU-BIN)

In normal urine there will be a chemical called bilirubin. If there is a large amount of bilirubin in urine it usually means that something is wrong with the person's liver.

BLOOD

There is not supposed to be any blood in urine. If blood shows up in the urine, it could mean yellow fever, malaria, mushroom poisoning, burn, etc.

WORKSHEET B

HOW TO TEST URINE

To get the urine, use a clean container and urinate in the container. Only a small amount is needed. Use the urine as soon as possible after you collect it.

To test urine you will use a small strip of paper called a "chemstrip". The chemstrip has little squares on it which will turn colors. Each square shows a different test. The paper is put into a sample of urine and you match the colors to the chart on the bottle. Read the directions on the bottle before you use the strips.

PH - The PH range is from 5-9. The colors range from orange through yellow and green to blue. By matching the color of your strip to the bottle you can tell your PH.

PROTEIN - If your urine has protein in it, there will be a color change from yellow to light green/green.

GLUCOSE - If your urine has too much glucose in it the strip will change from yellow to orange-brown/brown.

KETONES - This test is positive (your urine has ketones in it) if the color changes from beige to violet.

BILIRUBIN - The more bilirubin you have in your urine the color will change to a range of pink to red or violet.

BLOOD - There are two charts here. If the yellow test patch gets green dots on it and/or if it turns green, the urine does not have blood in it.

Name _____

Job Medical Lab Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Test urine.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE Medical Laboratory Technician

JOB COMPETENCY Identify blood tests.

LEARNING OBJECTIVES
1. Fill out blood test request form.
2. Identify blood test abbreviations.

LEARNING ACTIVITIES

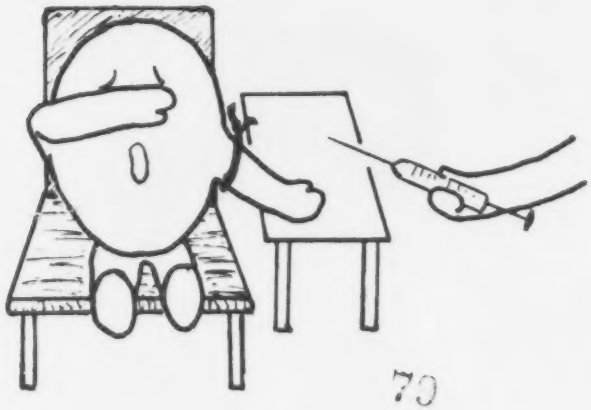
1. Read Worksheet A "Blood Tests".
2. Read Worksheet B "Blood Tests Request Forms".
3. Attend a lecture by a medical lab technician on "Blood Tests".
4. Get with another student . Pretend you are a doctor and order blood work on four different patients. Check the student's work to make sure he/she has filled out the request form right. The forms are on the next pages.

EVALUATION

1. Fill out a blood test form for this patient.

   Clyde grump needs a test that will check his red blood cells, white blood cells and hemoglobin. Dr. Shelda Bailey wants it "yesterday". Use today's date. The test is begun at 9:00 a.m. and is finished by 10:30 a.m.

2. Fill out the Student Attitude Sheet.



EVALUATION

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CHARLESTON, W. VA.

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY

DIAGNOSIS:	TIME START A.M. P.M.	TIME COMPLETE A.M. P.M.	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:

HEMATOLOGY

PRIORITY			
ROUTINE ☐	☐ CBC	☐ WBC	☐ SED. RATE (UNCORRECTED)
SURGERY ☐	☐ RBC	DIFFERENTIALS	☐ PLATELET COUNT
TODAY ☐	☐ RBC INDICES	SEGS ____	☐ RETICS COUNT
STAT ☐	☐ MCH	BANDS ____	☐ EOSINOPHIL COUNT
OUT PAT ☐	☐ MCV	LYMPHS ____	☐ SICKLE CELL SCREENING
	☐ MCHC	MONOS ____	☐ L. E. SCREENING
	☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
	☐ HEMATOCRIT %	BASOS ____	☐ OTHER:
	☐	JUV ____	☐

DRAFT

03-07-018

WORKSHEET A

"BLOOD TEST"

The medical lab technician can test blood and the doctor can then tell a lot about why you are sick, Below you will read about the different kinds of tests, and the abbreviation.

CBC (Complete Blood Count) - This is a test that gives the general condition of your blood. It gives you a count of your red blood cells, white blood cells, and how much oxygen your blood is carrying (hemoglobin).

RBC (Red Blood Count) - This test tells you how many red blood cells you have in your body.

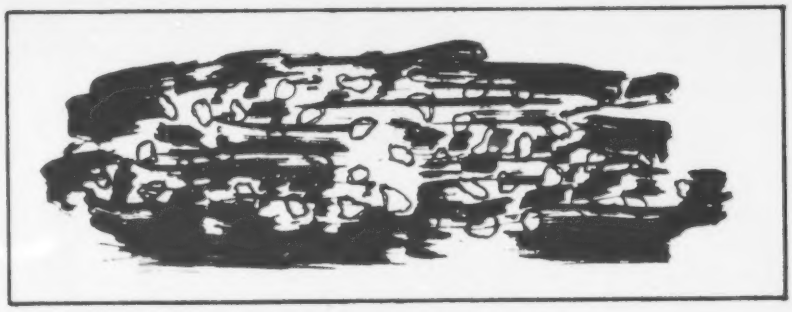
MCHC - There are three different test which tell you how many erythrocytes there are in your blood.

Hemoglobin & Hematocrit - These tests deal with how much oxygen is in your blood.

Sed. Rate (Sedimentation Rate) - This test is based on how fast red blood cells will fall in one hour. The rate is high when the person is pregnant or has an infection.

Platelet Count - Counts the amount of platelets in the blood.

Sickle Cell & Malaria - Tests for the two diseases.



WORKSHEET B

BLOOD TESTS REQUEST FORMS

Below you will see a blank form which could be used in a hospital or lab to ask that blood tests be given. Look at the form as you read the following.

A. The patient's name, room number and doctor go in this blank.

B. Write in the date you finish the test and put your initials in the blank marked TECH.

C. The nurse or Doctor will check the block that applies to this case. If the doctor wants the test "STAT". That means right now, so you had better get busy.

D. The doctor or nurse will check the test they need.

A

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CHARLESTON, W. VA.

LAB FILE

DATE REQUESTED	DATE COMP B	TECH	REQUISITIONED BY C

DIAGNOSIS	TIME START AM PM	TIME COMPLETE AM PM	☐ INSTALLATION	☐ PRN	☐ USE	REMARKS

HEMATOLOGY

PRIORITY			
ROUTINE	☐ C.B.C.	☐ W.B.C.	☐ SED RATE (UNCORRECTED)
SURGERY	☐ R.B.C. D	DIFFERENTIALS	☐ PLATELET COUNT
	☐ R.B.C. INDICES	SEGS ____	☐ RETICS COUNT
TODAY	☐ M.C.H.	BANDS ____	☐ EOSINOPHIL COUNT
	☐ M.C.V.	LYMPHS ____	☐ SICKLE CELL SCREENING
STAT	☐ M.C.H.C.	MONOS ____	☐ L.E. SCREENING
	☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
OUT PAT	☐ HEMATOCRIT %	BASOS ____	☐ OTHER
☐	☐	JUV ____	☐

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CHARLESTON, W. VA.

LAB FILE

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY

DIAGNOSIS	TIME START A.M. P.M.	TIME COMPLETE A.M. P.M.	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:

HEMATOLOGY

PRIORITY			
ROUTINE ☐	☐ C B C	☐ W B C	☐ SED. RATE (UNCORRECTED)
SURGERY ☐	☐ R B C	DIFFERENTIALS	☐ PLATELET COUNT
TODAY ☐	☐ R B C INDICES	SEGS ____	☐ RETICS COUNT
STAT ☐	☐ M C H	BANDS ____	☐ EOSINOPHIL COUNT
OUT PAT ☐	☐ M C V	LYMPHS ____	☐ SICKLE CELL SCREENING
	☐ M C H C	MONOS ____	☐ L. E. SCREENING
	☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
	☐ HEMATOCRIT %	BASOS ____	☐ OTHER
	☐	JUV ____	☐

03-07-018

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CHARLESTON, W. VA.

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY

DIAGNOSIS	TIME START A.M. P.M.	TIME COMPLETE A.M. P.M.	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:

HEMATOLOGY

PRIORITY			
ROUTINE ☐	☐ C B C	☐ W B C	☐ SED. RATE (UNCORRECTED)
SURGERY ☐	☐ R B C	DIFFERENTIALS	☐ PLATELET COUNT
TODAY ☐	☐ R B C INDICES	SEGS ____	☐ RETICS COUNT
STAT ☐	☐ M C H	BANDS ____	☐ EOSINOPHIL COUNT
OUT PAT ☐	☐ M C V	LYMPHS ____	☐ SICKLE CELL SCREENING
	☐ M C H C	MONOS ____	☐ L. E. SCREENING
	☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
	☐ HEMATOCRIT %	BASOS ____	☐ OTHER
	☐	JUV ____	☐

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CHARLESTON, W. VA.

LAB FILE

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY

DIAGNOSIS	TIME START	TIME COMPLETE	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:
	A.M. P.M.	A.M. P.M.				

HEMATOLOGY

PRIORITY: ROUTINE ☐ SURGERY ☐ TODAY ☐ STAT ☐ OUT PAT ☐

☐ C.B.C.	☐ W.B.C.	☐ SED. RATE (UNCORRECTED)
☐ R.B.C.	DIFFERENTIALS	☐ PLATELET COUNT
☐ R.B.C. INDICES	SEGS ____	☐ RETICS COUNT
☐ M.C.H.	BANDS ____	☐ EOSINOPHIL COUNT
☐ M.C.V.	LYMPHS ____	☐ SICKLE CELL SCREENING
☐ M.C.H.C.	MONOS ____	☐ L.E. SCREENING
☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
☐ HEMATOCRIT %	BASOS ____	☐ OTHER
☐	JUV ____	☐

03-07-018

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CHARLESTON, W. VA.

DATE REQUESTED	DATE COMP	TECH.	REQUISITIONED BY

DIAGNOSIS	TIME START	TIME COMPLETE	☐ INSTALLATION	☐ PRN	☐ USE	REMARKS:
	A.M. P.M.	A.M. P.M.				

HEMATOLOGY

PRIORITY: ROUTINE ☐ SURGERY ☐ TODAY ☐ STAT ☐ OUT PAT ☐

☐ C.B.C.	☐ W.B.C.	☐ SED. RATE (UNCORRECTED)
☐ R.B.C.	DIFFERENTIALS	☐ PLATELET COUNT
☐ R.B.C. INDICES	SEGS ____	☐ RETICS COUNT
☐ M.C.H.	BANDS ____	☐ EOSINOPHIL COUNT
☐ M.C.V.	LYMPHS ____	☐ SICKLE CELL SCREENING
☐ M.C.H.C.	MONOS ____	☐ L.E. SCREENING
☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
☐ HEMATOCRIT %	BASOS ____	☐ OTHER
☐	JUV ____	☐

03-07-018

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Name _____

Job Medical Laboratory Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Identify blood tests.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Medical Laboratory Technician

JOB COMPETENCY — Test for blood types.

LEARNING OBJECTIVES

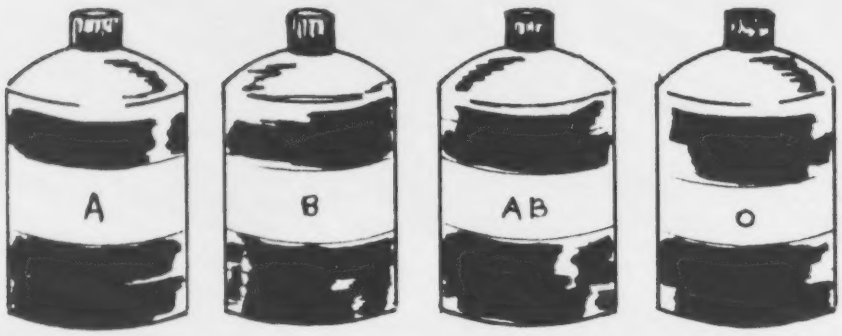
1. Lists most common blood types.
2. Explain the importance of identifying blood types.
3. Type blood.

LEARNING ACTIVITIES

1. Read and complete Worksheet A. Whey you are through, check your answers with your teacher.
2. Talk with your class about why blood types are important. Tie this in with some of the high pressures MLT's work under.
3. Read Worksheet B once. In your own words, tell your teacher the steps you will follow when you type blood.
4. Type the blood of two different people in your room. Check your work with your teacher.

EVALUATION

1. Type your instructor's blood.
2. Explain to your instructor why blood typing is important.
3. Fill out the Student Attitude Sheet.



WORKSHEET A

Medical laboratory technicians run lots of test on blood. They have a lot of machines that do work that used to be impossible. One of the first things that has to be found is the "type" blood a person has.

Most people have either Type A, Type B, Type AB, or Type O.

Blood Type	A	B	AB	O
USA Black	26%	21%	3.7%	49.3%
USA White	41%	10%	4.0%	45.0%

You can see that type O is the most common.

At times it may be necessary that you have to have more blood than your body can make. If the doctor does not give you the same type of blood, your blood could clot and you could die.

Type O blood does not have any protein which makes the difference between A, B or AB. Therefore you can give people with type O Blood, A, B, or AB and it will go together. But, you cannot give O blood to A, B, or AB people, because it will clot.

Answer the following questions.

1. What is the most common blood type in Black Americans?

2. What is the most common blood type in White Americans?

3. What type blood can get either AB, A, or B type blood in an emergency.

4. Could a person with type AB blood get O blood? A blood? B blood?

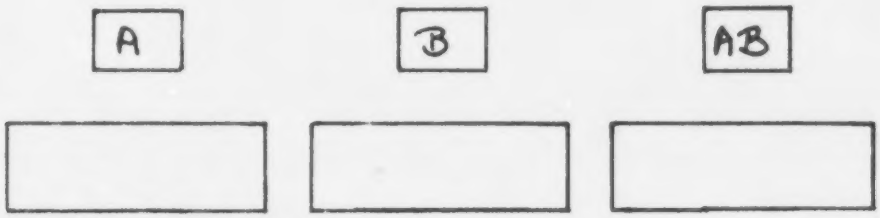
WORKSHEET B

This worksheet will tell you the steps to follow to test for blood types.

Get these things from your teacher.

1. Slides
2. Anti-A, Anti-B Serum, Anti-AB Serum
3. Metal Stylus
4. Antiseptic
5. Cotton balls
6. Partner
7. 2-minute timer or watch

Lay out three slides in front of you. Put a card beside each slide. Write "A" on one card, "B" on one card and "AB" on one card. Your table should look like this.



Put one drop of Anti-A Serum on the slide marked "A", one drop of Anti-B Serum on the slide marked "B", and one drop of Anti A-B Serum on the slide marked "AB".

Clean the tip of your partner's little finger with cotton and antiseptics. Take the stylus out of the package and stick the finger where you cleaned it.

NOTE: DO NOT CHOOSE A PARTNER WHOM YOU DO NOT LIKE. THIS IS NOT A CHANCE TO TAKE OUT YOUR ANGER ON ANYONE. REMEMBER--THE OTHER PERSON GETS TO STICK YOU NEXT--SO, DO UNTO OTHERS, AS YOU WOULD HAVE THEM DO UNTO YOU.

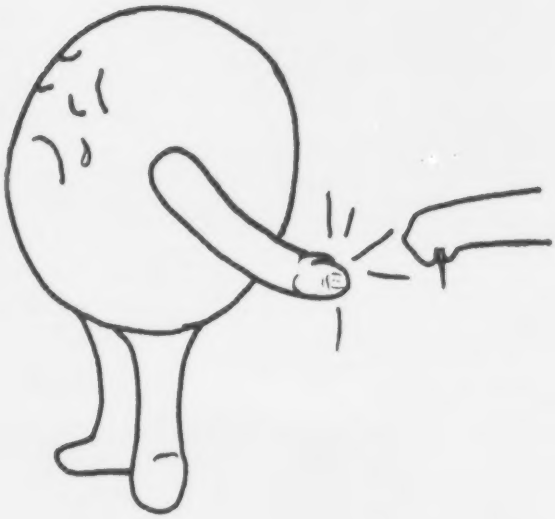
After you stick the finger squeeze one drop of blood onto each slide.

Check the time.

Tilt or rotate the slide and watch for clotting over a time of 2 minutes. If type A clots you have type A blood. If type B clots you have type B blood. If type AB clots, you have type AB blood. If none of the blood clots you have type O blood.

Clean the slides after you are sure of the results.

Your partner will now test your blood following the same steps.



Name _____

Job Medical Laboratory Technician

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Test for blood types.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

DENTAL ASSISTANT

HEALTH OCCUPATIONS

PAC CAREER INFORMATION GUIDE

Job Name	Dot Code	OE. Code
Dental Assistant	079.371-010	07.0101

DUTIES

1. Work with dentist as they take care of patient's teeth.
2. Gets patient ready for dentist.
3. Keeps dental records.
4. Hands instruments to the dentist.
5. Gets materials ready for x-ray.
6. Get materials ready for making impressions.
7. Teach people how to take care of their teeth.

WHERE EMPLOYED

Most work in private offices. Some work in dental schools, clinics.

EMPLOYMENT OUTLOOK

Excellent through the 1980's. This is because new dentist have been taught in school to use assistants. As more insurance companies begin to pay for teeth care more people will use dentist.

EDUCATION & TRAINING

You must be a high school graduate. One year of a program from a vocational/technical school or community college. A correspondence course is available, but you must pass a test to get your certification, but it is not needed to get a job.

SPECIAL QUALIFICATIONS

You should like to work with people as part of a team, and you should enjoy using machines.

WAYS TO ENTER FIELD

After you finish your program you may find work through a job placement counselor. Other possibilities are want ads in newspapers, applying in local clinics, or through your own dentist.

CHANCE OF ADVANCEMENT

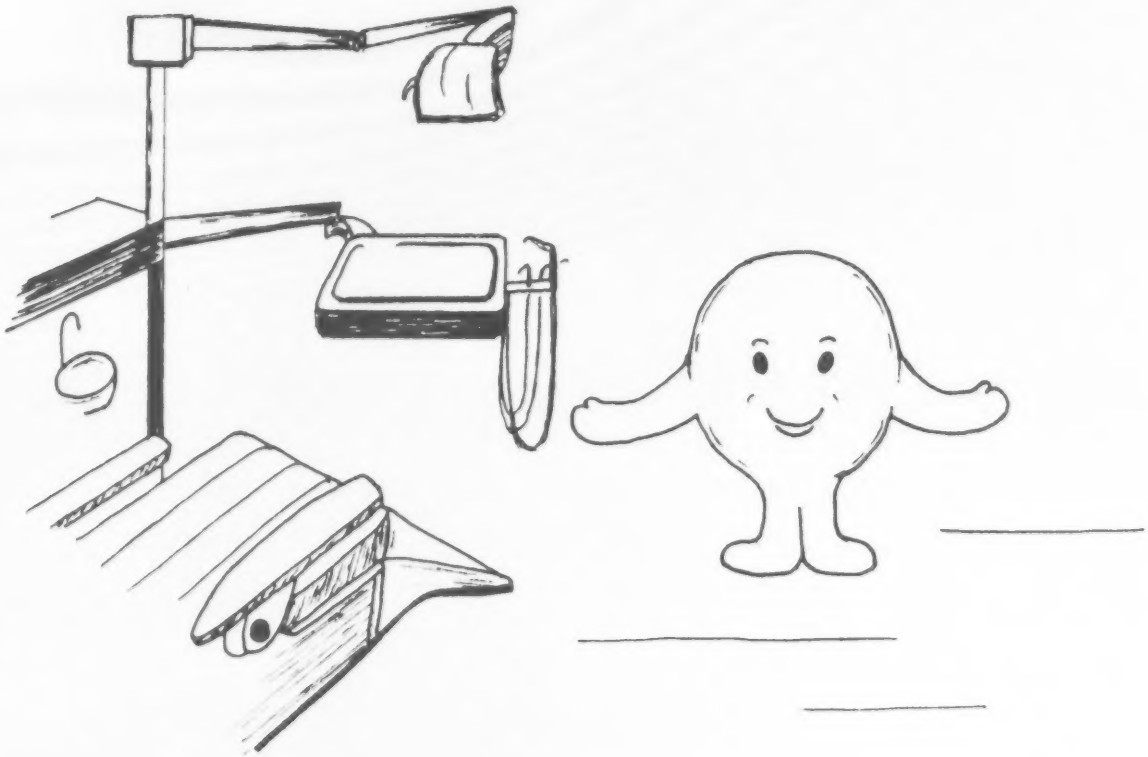
The more experience and training you get, the more money you will make. If you want to go on to become a DENTAL HYGIENIST you should be careful because the credits from an assistants program do not always transfer.

EARNINGS AND ADDITIONAL BENEFITS

In 1977 a graduate of an ADA 1 year program and one year experience started at $8,316.00. Most receive vacation and sick leave.

WORKING CONDITIONS AND LIFESTYLES

Dental assistants work 40 hour weeks, but some of those hours are on Saturday. They work in a well-lighted clean environment. You have to be careful in handling X-Ray equipment.



HEALTH OCCUPATIONS

JOB TITLE Dental Assistant

JOB COMPETENCY Identify teeth.

LEARNING OBJECTIVES
1. Identify four areas of teeth.
2. Name each tooth in an adult's mouth.

LEARNING ACTIVIITES

1. Read Worksheet A.
2. Check the teeth of two students in your room. Make notes of which teeth have not come in yet.

EVALUATION

1. List the name for each tooth below.
2. Draw a line and name each of the four areas of the mouth.
3. Fill out the Student Attitude Sheet.

WORKSHEET A

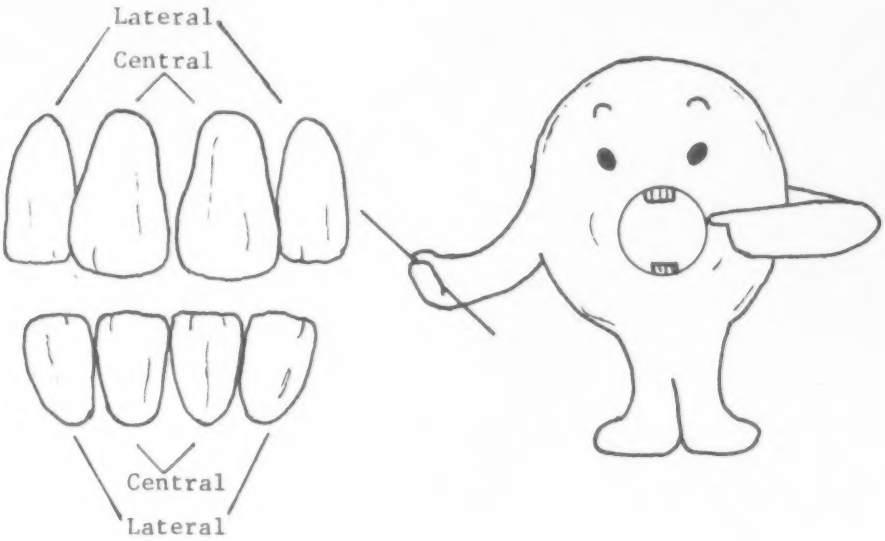
Most people have two sets of teeth in their lives. You know the teeth as "baby teeth" and permanent teeth.

You cut your baby teeth starting when you are 6-8 months old and keep cutting them for the first two years.

Most of us lost all of our baby teeth by the time we were 12 and we hope we will keep our new teeth until we die because if we lose a tooth now, there won't be a new one.

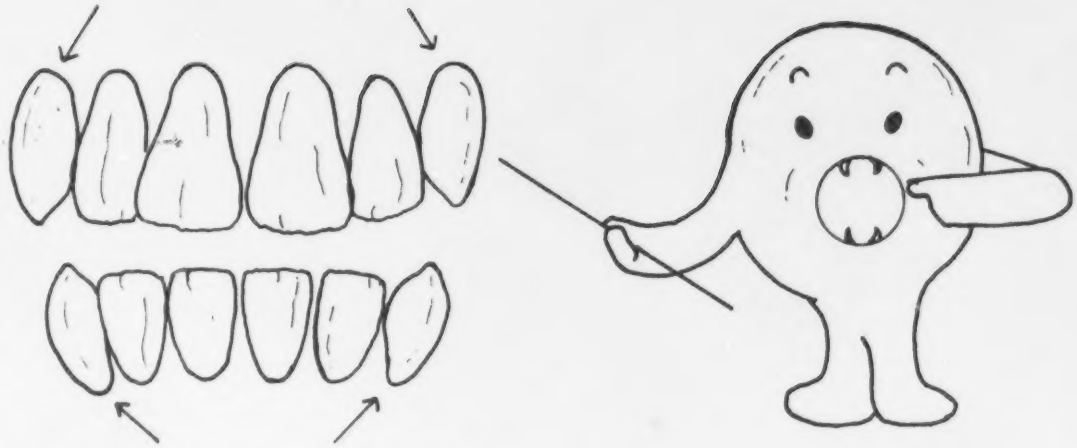
Most adults should have 32 teeth. There are 4 different kind of teeth.

1. <u>Incisor</u> (N-SIZE-OR)



The word incisor comes from a word that means "to cut into". You use your incisor to cut into food. Remember how hard it was to eat corn on the cob or an apple when you did not have your front teeth?

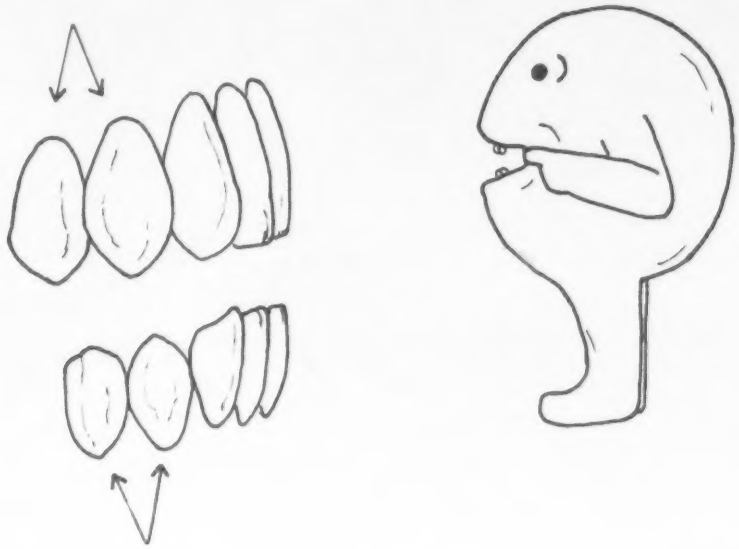
2. Cuspid



This is a thick tooth. It is very strong. The cuspid's place in the mouth gives it a job of tearing and cutting into food. Think of a dog's mouth. Could you point out a dog's cuspids?

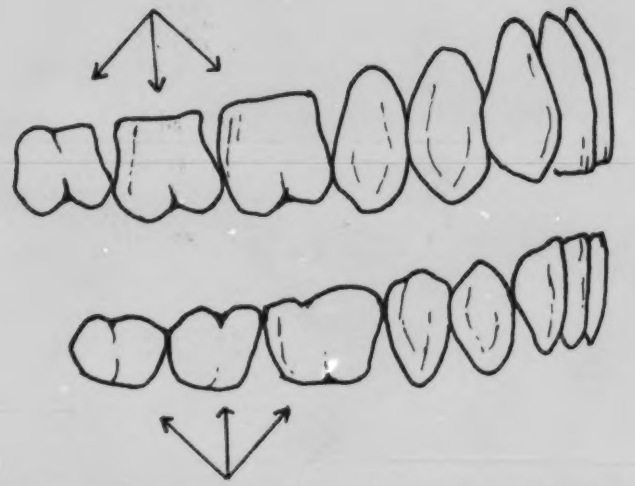
Vampires have very long cuspids.

3. Bicuspids



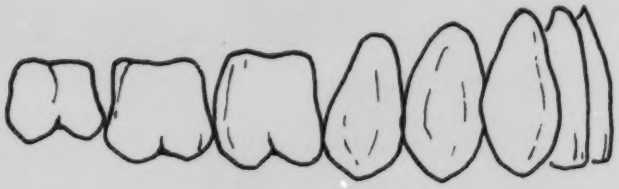
Now we are getting back ino the mouth. Bicuspids are used to mash and grind food cut off by your incisors and cuspids. You have two biscuspids on each side.

4. Molars



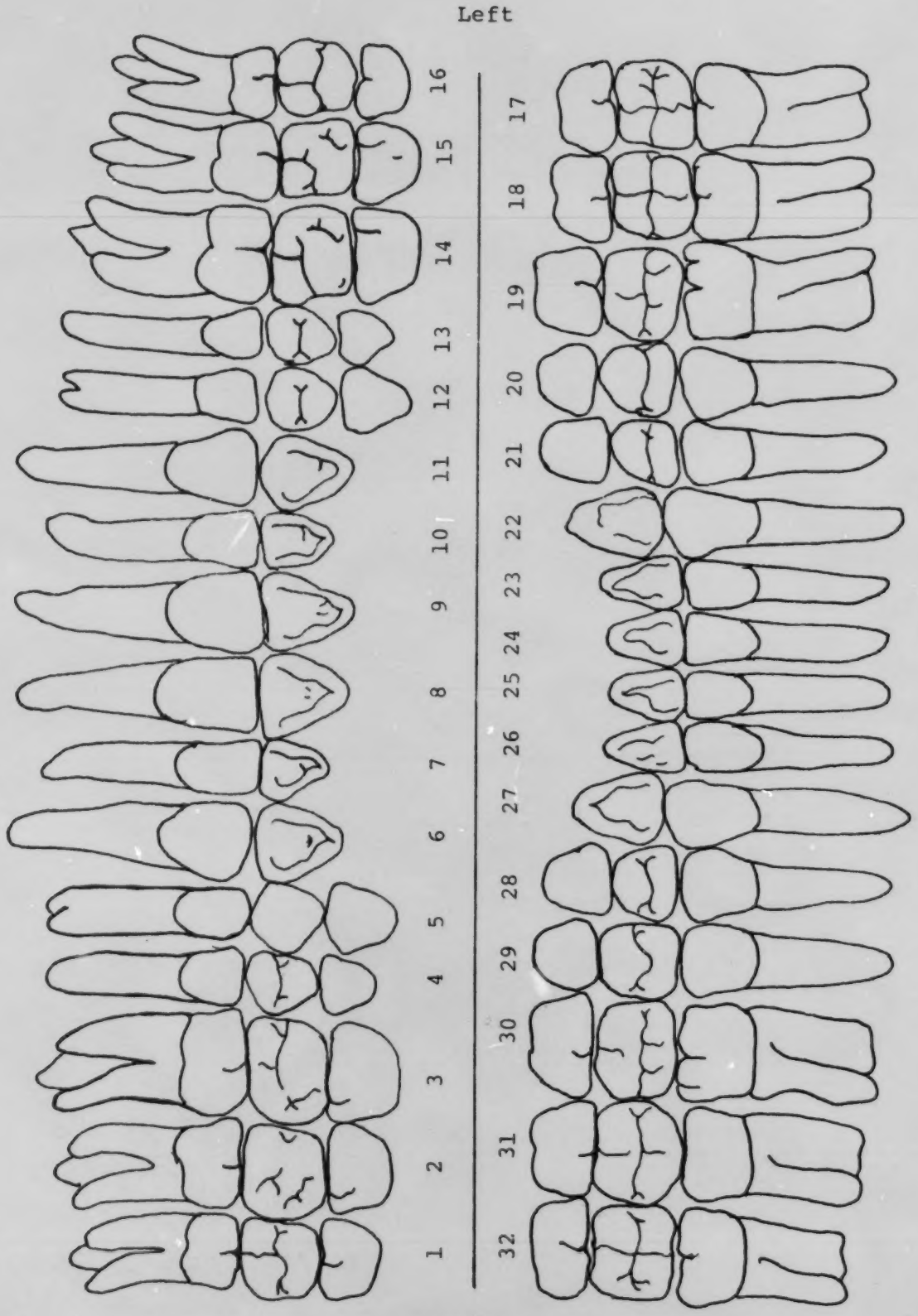
Your molars are the big teeth in the back of your mouth. You have three molars on each side. The first molars are the biggest, strongest and work the hardest. They get smaller and weaker as you go back into your mouth. You know your third molar as "wisdom tooth". Because they are set so far back into your mouth, they rot easily and can cause you a lot of pain. Most people have their wisdom teeth pulled.

So, to learn to identify teeth, you only have to learn one side, and then you can name all of the teeth.

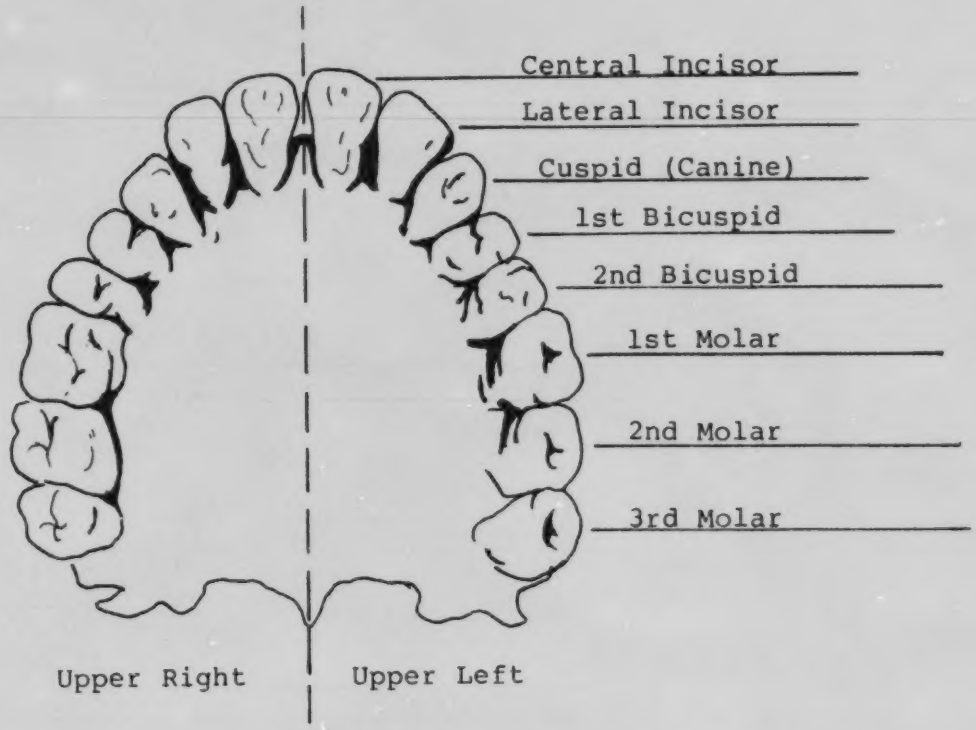


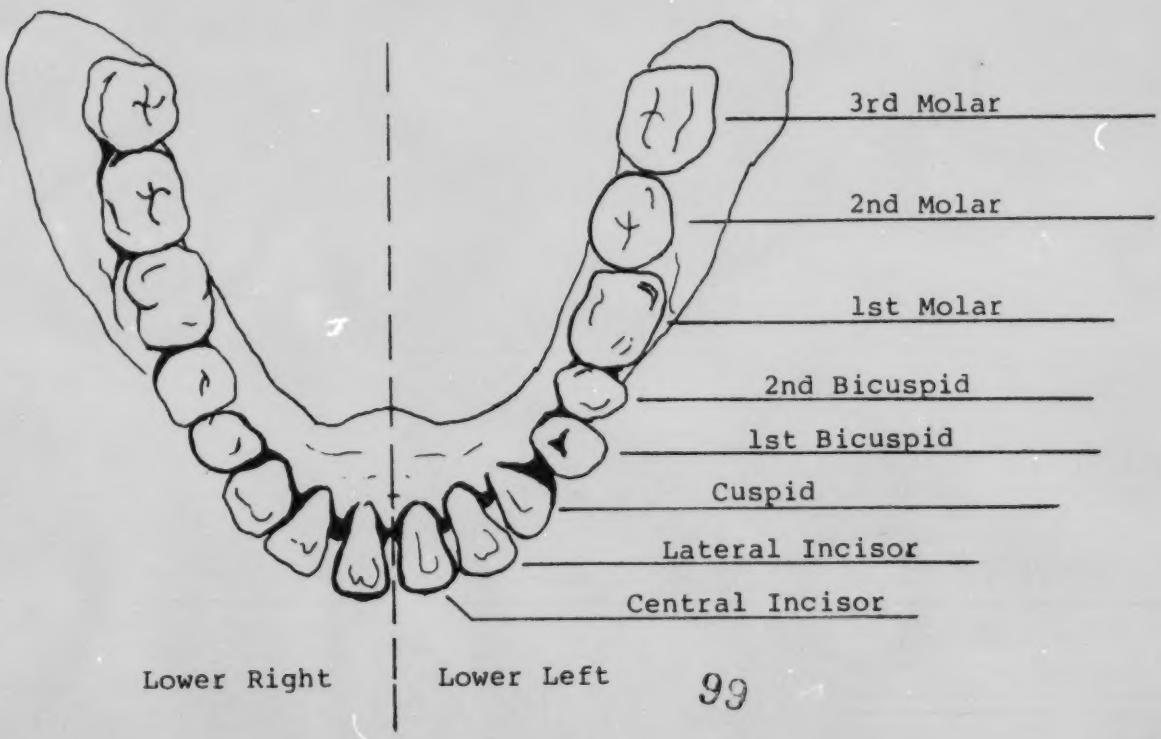
You can also spread out the teeth so they are all in a line. You can number the teeth like on the next page. Each tooth is shown from the front (with the root), the top or chewing surface, and the back. Numbers 8 and 9 are the top incisors. Try to name each of the teeth without looking back on the worksheet.

Have another student check your work.


Left
Right
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

The teeth below could be in anybody's mouth. The teeth are just the same on the top as the bottom. The teeth are also the same on the left as on the right.





Name _____

Job Dental Assistant

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Identify teeth					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done:

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE Dental Assistant

JOB COMPETENCY Teach how to take care of teeth.

LEARNING OBJECTIVES
1. Tell when and how to use a toothbrush.
2. Tell when and how to use dental floss.
3. Teach children how to take care of teeth.

LEARNING ACTIVITIES

1. Go to a talk by your school nurse on how to take care of teeth. Take notes to make sure you know the right way to use a toothbrush and dental floss.

2. Pass a quiz on the talk.

3. Prepare a 15 minute talk on how to take care of teeth through brushing and dental floss.

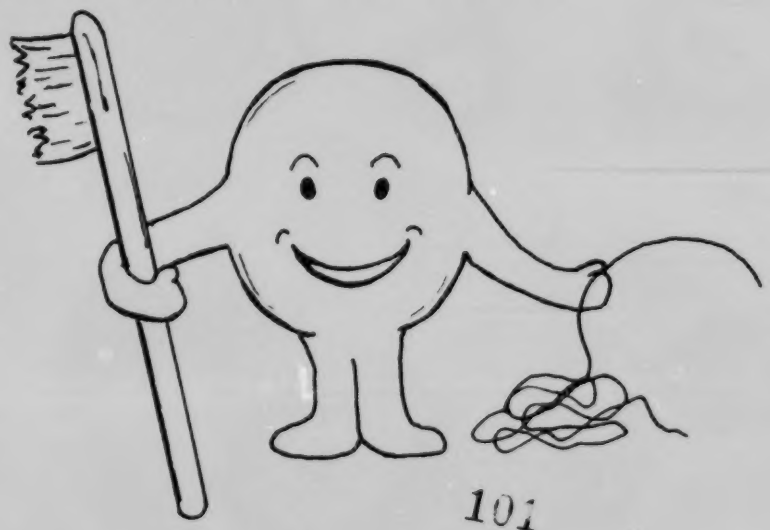
4. Give your talk to your instructor.

EVALUATION

1. Give your talk to a group of elementary school children. Your talk must be clear and cover the steps you outlined. You may use notes.

2. Answer any questions the children may have.

3. Fill out the Student Attitude Sheet.



Name _____

Job Dental Assistant

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
How to take of teeth.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done:

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE Dental Assistant

JOB COMPETENCY Keep patient treatment records.

LEARNING OBJECTIVES
1. Identify terms used on records.
2. Fill out patient treatment records.

LEARNING ACTIVITIES

* If you have not done "Identifying Teeth" do so now.

1. Read Worksheet A.

2. Fill out patient record forms from Worksheet B.

EVALUATION

1. Fill out a patient record form for your teacher. Mark any teeth which have been worked on.

2. Fill out the Student Attitude Sheet.

Name _____ Address _____
Last Middle First Street City State Zip

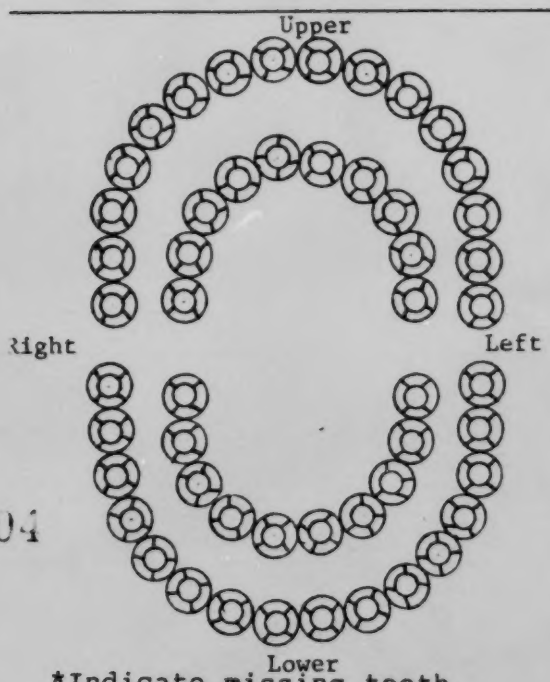
Phone H _____ Work Address _____

W _____ Physician _____

Physical condition _____
History of bleeding _____
Allergy to anesthetic _____
Other allergies _____
Heart ailments _____
Infectious hepatitis _____
Rheumatic fever _____

Diabetes _____
Anemia _____
Blood pressure _____
Previous work _____
Dentures _____
Abnormalities _____
Oral conditions
teeth & gums _____

Shade of dentures _____



*Indicate missing teeth
with an X
Gold
Amalgam and silicate

TREATMENT RECORD

Number of Teeth	Description of Service	Date mo/da/yr	Fee

WORKSHEET A

Dentist keep records of your treatment just like your family doctor. The dental assistant makes up the records for new patients and up-dates records for them each time they come in for a visit.

Look at the sample record as you read the definition of the terms below.

A. This section tells you the patient's name, address etc. You must keep the current address and phone number at all times.

B. This is the part where you fill out their past medical history. Since dentist use anesthesia; this information is very important.

C. This section shows each of the teeth. As they are pulled, capped, filled, etc., you mark it on the drawing. It shows the upper, lower and baby teeth.

D. In this part you mark the date, tooth numbers and describe what was done and the fee.

In your own words, write what these words mean.

1. occupation

2. anesthetic

3. allergy

4. oral conditions

5. abnormalities

Name _____ Address _____
Last Middle First Street City State Zip

Phone H _____ Work Address _____

A W _____ Physician _____

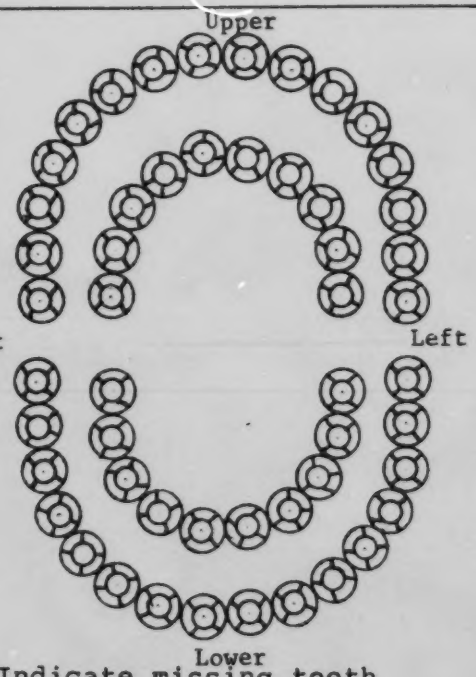
B

Physical condition _____
History of bleeding _____
Allergy to anesthetic _____
Other allergies _____
Heart ailments _____
Infectious hepatitis _____
Rheumatic fever _____

Diabetes _____
Anemia _____
Blood pressure _____
Previous work _____
Dentures _____
Abnormalities _____
Oral conditions teeth & gums _____

Shade of dentures _____

C



*Indicate missing teeth with an X
Gold ●
Amalgam and silicate

D TREATMENT RECORD

Number of Teeth	Description of Service	Date mo/da/yr	Fee
	●		●

WORKSHEET B

1. Fill out a record for yourself. Use a mirror to identify which teeth you have had work on.

2. Fill out a record for this patient.

   Rachel Grumppe was born on August 14, 1924.
   She is missing her bicuspids.
   Use your address and phone number.
   She is allergic to penicillin.
   She is a diabetic.
   She wants dentures made.
   Use present date for day of service.

Name _____ Address _____
Last Middle First Street City State Zip

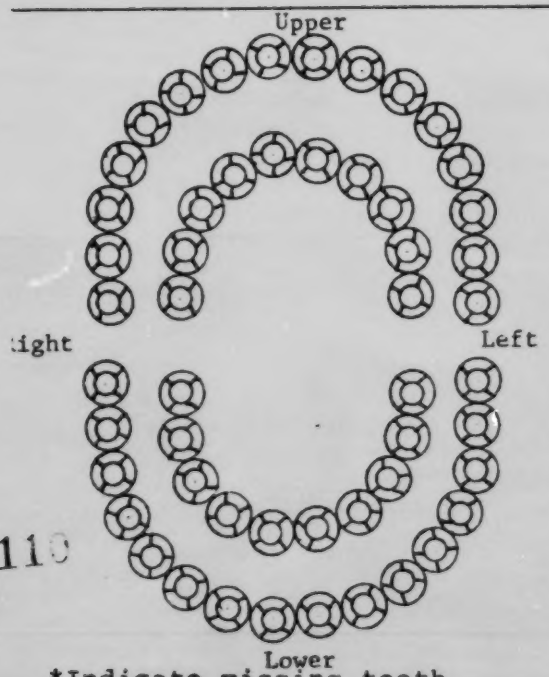
Phone H _____ Work Address _____

W _____ Physician _____

Physical condition _____
History of bleeding _____
Allergy to anesthetic _____
Other allergies _____
Heart ailments _____
Infectious hepatitis _____
Rheumatic fever _____

Diabetes _____
Anemia _____
Blood pressure _____
Previous work _____
Dentures _____
Abnormalities _____
Oral conditions
teeth & gums _____

Shade of dentures _____



*Indicate missing teeth
with ● X
Gold
Amalgam and silicate

TREATMENT RECORD

Number of Teeth	Description of Service	Date mo/da/yr	Fee

Name _____ Address _____
Last Middle First Street City State Zip

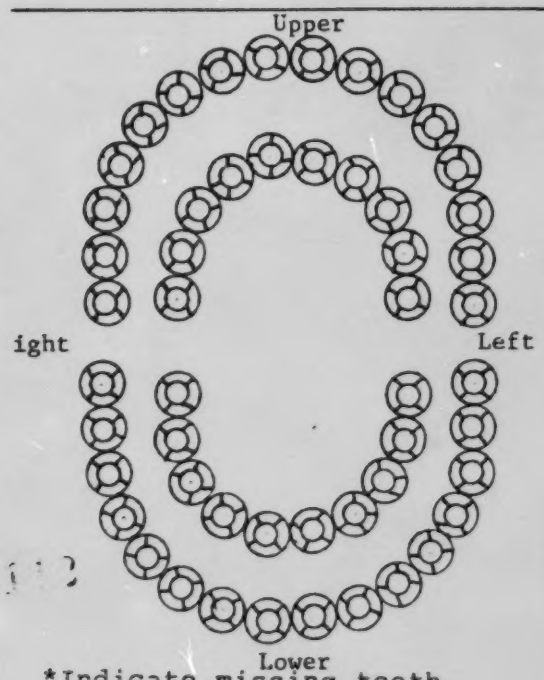
Phone H _____ Work Address _____

W _____ Physician _____

Physical condition _____
History of bleeding _____
Allergy to anesthetic _____
Other allergies _____
Heart ailments _____
Infectious hepatitis _____
Rheumatic fever _____

Diabetes _____
Anemia _____
Blood pressure _____
Previous work _____
Dentures _____
Abnormalities _____
Oral conditions
teeth & gums _____

Shade of dentures _____



*Indicate missing teeth
with an X
Gold
Amalgam and silicate

TREATMENT RECORD

Number of Teeth	Description of Service	Date mo/da/yr	Fee

113

Name _____

Job Dental Assistant

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Keep patient treatment records					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done.

_____

_____

_____

WARD CLERK

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	CE. CODE
Ward Clerk	245.362	07.0000

DUTIES

1. Gets chart ready on new patient.
2. Writes diet changes on forms.
3. Keeps file of old medical record of patients on the unit.
4. Tells business office when patient is allowed to go home and gets their chart ready.
5. Gets supplies when nurses tell them to.
6. Answer telephone and intercom. Gives messages to patients and staff.
7. Tells visitors how to get to rooms.
8. Gives out mail, newspapers, flowers, etc. when volunteers do not do it.
9. Helps schedule tests, medicines, and treatment when the dcctor says.
10. Serves as messenger.

WHERE EMPLOYED

1. hospitals, clinics, nursing homes.

EMPLOYMENT OUTLOOK

Good through the mid 1980's. More and more hospitals are going to hire graduates of a program.

EDUCATION & TRAINING

Right now most Ward or Unit Clerks are trained on-the-job. More and more people are taking programs that last about 9 months. The programs are offered at a vocational school or community college.

SPECIAL QUALIFICATIONS

You should like working with people and alone. You will have a lot of paper work as well as reporting to doctors, nurses etc.

WAYS TO ENTER FIELD

Watch newspaper ads. Go to a hospital, clinic or nursing home in your area and put in an application.

CHANCE OF ADVANCEMENT

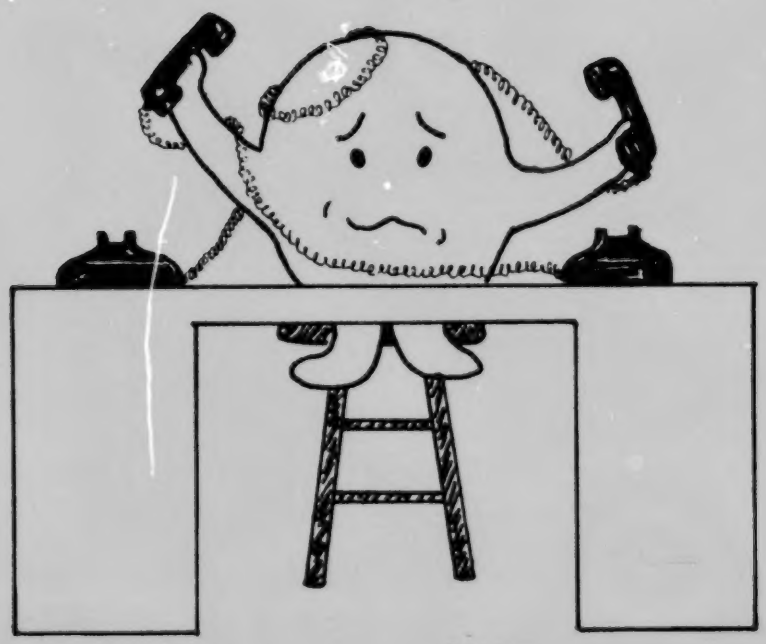
You can be promoted to be a supervisor and help train new clerks, make assignments and judge how well ward clerks do their job. You can get this job through promotion from experience or more education.

EARNINGS

You can expect to start at $4.10 an hour and you can make up to $5.83 an hour with training and more experience.

WORKING CONDITIONS

You will work in a clean, well lighted place. You will be expected to work evenings and weekends because most hospitals need 24 hour staff.



HEALTH OCCUPATIONS

JOB TITLE — Ward Clerk

JOB COMPETENCY — Identifies contents of patient's chart.

LEARNING OBJECTIVES

1. Tells the purpose of each form in the chart.
2. Put forms in the order in which they belong.

LEARNING ACTIVITIES

1. Read Worksheet A "What is in a Chart"?
2. Learn the order of the forms as they appear in the chart. Worksheet A is in the right order.
3. Get with another student. Take turns mixing up the forms in Worksheet A. See who can straighten them out the fastest. Take turns pulling out one form. See who can be the first one to tell which one is missing.

EVALUATION

1. The descriptions of the forms are given below. Tell which form it is.
2. Write the forms in the order as they will be in the chart.
3. Fill out the Student Attitude Sheet.

EVALUATION

1. The nurse fills this out so he/she can make the care plan. _____

2. Record of things the doctor wants done for the patient. _____

3. Proof that the nurse helped the patient get ready to go home. _____

4. Day by day record of how the patient is doing. The doctor signs this. _____

5. When you read this, you know the nurse was watching the patient. _____

6. House doctor fills this out when he/she checks the patient who has just come in the hospital. _____

7. If the patient's pulse or temperature goes up or down, you will be able to see this at a glance. _____

8. The ward clerk checks off this list so the patient can go home. _____

9. When the doctor fills this out, you know it is time for the patient to go home. _____

10. Tells how, when and what kind of medicine the patient has taken. _____

EVALUATION ANSWER SHEET

Kinds of Forms

1. Nursing Admission Form
2. Physician's Orders
3. Nursing Discharge Summary
4. Progress notes
5. Nurse's notes
6. History and physical
7. Graphic Chart
8. Flow sheet for discharge chart
9. Discharge Summary
10. Medication Record

Order of Chart Forms

1. Physician's Orders
2. Discharge Summary
3. Flow Sheet for Discharge Chart
4. Nursing Discharge Summary
5. Graphic Chart
6. History and Physical
7. Medication Record
8. Nurse's Notes
9. Nursing Admission Form
10. Progress Notes

WORKSHEET A

"What is in a Chart?"

Most people think their chart has hidden secrets about whether or not they are going to live or die. They think it is top secret information. Well, now the truth can be known to you. On this worksheet you will see the type forms used in patients' charts. These forms will be different at each place where you might work.

I. Physicians Orders

Any treatments, medicine, tests, etc., the doctor wants the patient to have must be written down on this form. The patient's name, doctor and room number go at the top of the page.

II. Discharge Summary

There are three forms which have to do with the patients leaving the hospital. The first is the form the doctor fills out and is called Discharge Summary. The second form is a Flow Sheet for a COMPLETE DISCHARGE CHART. This sheet helps the ward clerk check off what all needs to be done or has been done before the patient can leave. The third form is Nursing Discharge Summary. This is proof that the nurses did what they were supposed to do before the patient left. Some examples of these things are telling them about their diet, nursing care, giving back medicine they brought from home etc.

III. Graphic Chart

This chart tells you at a glance what the patient's vital signs have been since they came into the hospital.

IV. History and Physical

This is a written record of what the doctor did when he/she gave the patient their physical when they first came into the hospital.

V. Medication Record

On this record, the nurse keeps a record on the medicine given to the patient. The record shows the type of medicine, the day and the time of day the medicine was given.

VI. Nurse's Notes

This is a written record of what the nurse saw the patient do like eating, taking pills, etc. The nurse writes in how much they took, the time and any other patient information the nurse feels is important.

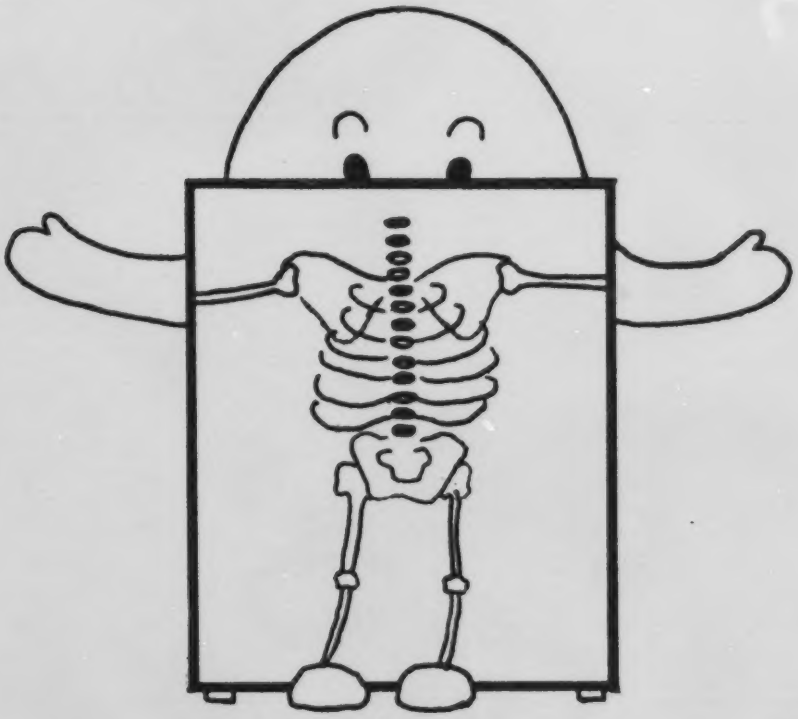
VII. Nursing Admission Form

In this form the nurse or LPN takes down information on which to base a care plan.

VIII. Progress Notes

Notes on how the patient is doing day by day. The physician will sign this form.

After these sections any Lab or X-ray reports are added to the chart.



PHYSICIAN'S ORDERS

Band Aid General
504 Hospital Lane
Charleston, WV 29308

Drug Allergies

DATE/TIME & INITIAL	Another brand of drug identical in form and content may be dispensed unless checked

PHYSICIAN'S ORDERS

PLEASE! USE BALL POINT PEN ONLY

Band Aid General Hospital
Charleston, W.Va.

DISCHARGE SUMMARY

Diagnosis:

Chief Complaint and History of Present Illness:

Significant Physical Findings:

Significant Laboratory and X-ray Findings:

Medical or Surgical Treatment:

Physical Condition at Discharge:

Instructions for Continuous Care:

(Signed) _____ M.D.

DISCHARGE SUMMARY
03-19-019

Band Aid General Hospital
Nursing Service Department

WC 10

FLOW SHEET FOR A COMPLETED DISCHARGE CHART

	YES	NO
ADMISSION HISTORY:		
FRONT PAGE		
BACK PAGE		
NURSES SIGNATURES (2)		
NURSES NOTES:		
COMPLETED and SIGNED		
NURSES DISCHARGE SUMMARY:		
COMPLETED and SIGNED		
CARE PLAN:		
PATIENT NEEDS/PROBLEMS/CONCERNS		
NURSING APPROACHES/SOLUTIONS		
PERTINENT DATA		
LONG RANGE GOAL		
SHORT TERM GOAL		
DISCHARGE PLANNING		
DATES and INITIALS		
ALL PAGES of CHART STAMPED with CORRECT CHARGE PLATE		

03-19-101

BAND AID GENERAL HOSPITAL
Charleston, W. Va.

PATIENT'S HOSPITAL NO. _____

NURSING DISCHARGE SUMMARY

PATIENT'S NAME _____

	MODE	DISCHARGE PLACEMENT	REFERRAL TO COMMUNITY RESOURCES
DATE _____	___ Ambulatory	____ Home	
	___ Wheelchair	____ Nursing Home	Type _____
TIME a.m.	___ Stretcher	____ Expired	
p.m.		Other	Patient Transfer Form Completed

PERSON WHO CAME FOR PATIENT _____

PERSON ACCOMPANYING PATIENT (relationship or title) _____

CONDITION UPON DISCHARGE

Activity	Mental Status	Hygiene	Other
_____ Ambulatory	_____ Oriented	_____ Self care	_____ Afebrile
_____ Cane	_____ Confused	_____ Assist	_____ Free of pain
_____ Crutches	_____ Fearful	_____ Total care	_____ Eating well
_____ Walker	_____ Cooperative	_____ Skin in good condition	_____ Taking fluids Well
_____ Needs assistance	_____ Angry		_____ Able to void
_____ Wheelchair	_____ Anxious		_____ Normal defecation
_____ Confined to bed	_____ Depressed		_____ Allergies
	_____ Able to comprehend		

COMMENTS: _____

PATIENT INSTRUCTION

DIETARY: Given to ____patient ____ family
Given by _____ Name of Diet _____
Instruction _____

PHYSICAL THERAPY: Given to ___ patient ____ family
Given by _____
Instruction _____
Equipment taken home _____

NURSING (i.e. catheter care, diabetic instruction, care of wound, ostomy care etc.)
Given to _____ patient _____ family
Given by _____
Instruction _____

Ability to perform care ____ patient _____ family

Rx MEDICATION:
_____ Prescription given
_____ Returned pre-admission drugs to patient

_____Returned medications to Pharmacy for credit
Signature & Title _____

IF PATIENT EXPIRED Time expired _____ Sequence of events _____

_____Family/Friend notified
_____Family/Friend coming
_____Unable to reach
_____Consent for autopsy obtained
_____Personal belongings given to _____
_____Valuables given to _____

Time pronounced dead _____
Pronounced by _____
Time body sent to morgue _____
Name of Funeral Home _____

SIGNATURE & TITLE _____

NURSING DISCHARGE SUMMARY
03-19-040

BAND AID GENERAL HOSPITAL

CHARLESTON, W.VA.

GRAPHIC CHART

Date						
Day in Hosp.						
Post Op. Day						
	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12
TEMPERATURE 106°						
105°						
104°						
103°						
102°						
101°						
100°						
99° Normal						
98°						
97°						
96°						
PULSE 160						
150						
140						
130						
120						
110						
100						
90						
80						
70						
60						
RESPIRATION 50						
40						
30						
20						
10						
B.P.						
Weight						
Stool						

GRAPHIC CHART 03-19-024

Band Aid General Hospital
Charleston, W.Va.

HISTORY and PHYSICAL

EXAMINED by _____ M.D.
03-19-025

Band Aid General Hospital
Charleston, W. Va.

DATE AND TIME	MEDICATION AND DIET	NOTES

NURSES' NOTES
03-10-038

Band Aid General Hospital

WC 15

NURSING ADMISSION HISTORY

How arrived:
____Ambulatory
____Wheelchair
____Stretcher

From where:
____Home
____Doctor's Office
____Nursing Home
____Another Hospital
____Other

Orders with patient _____
Was Doctor notified of admission _____
Height _____ Weight _____
BP _____ Temp. _____ Pulse _____ Resp. _____
Information obtained from: Patient _____
Other (Relationship) _____

General Appearance: _____

Current Illness: Why were you admitted to the Hospital? _____

How long have you had this illness? _____
Do you have any difficulty other than present illness? _____ If so, what? _____

Last hospitalization: Where? _____ When? _____
Why? _____
Present diet? _____
Do you have any difficulty with Bowel or Urine elimination? _____
If so, what? _____

What Allergies do you have?

ALLERGEN	REACTION	ALLERGEN	REACTION	ALLERGEN	REACTION
1.		3.		5.	
2.		4.		6.	

What Medications are you presently taking?

MEDICATION	DOSAGE	FREQUENCY	MEDICATION	DOSAGE	FREQUENCY
1.			5.		
2.			6.		
3.			7.		
4.			8.		

What Medications have you taken today? Last dose? _____

Medications sent: _____ Home _____ To Pharmacy _____ Did not bring to hospital

Personal Belongings:
Glasses ____ Contact Lens: R____ L____ Dentures: U____ L____ Hearing Aid ____ Cane ____ Braces ____

Original: 1980

NURSING ADMISSION HISTORY

03-19-037

Other Prosthesis _____

Social Information:

Whom can we contact in case of necessity?

NAME	RELATIONSHIP	TELEPHONE
1.		
2.		

Are you anticipating any problems with Home Care after discharge? _____

Do you want your Church notified? _____ Name _____

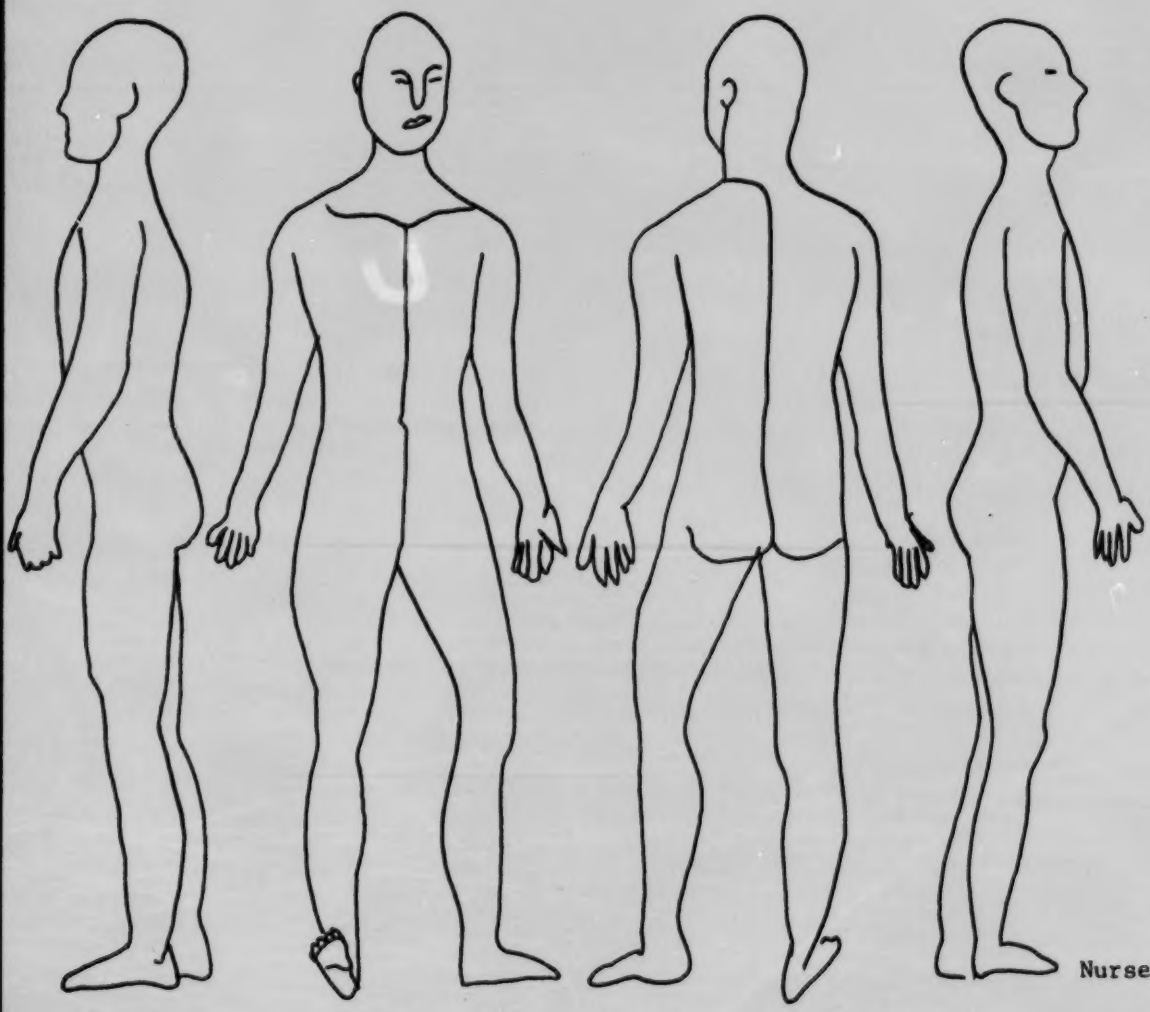
Nurses Impression:

In your judgement which words best describe this patient?

Alert _____	Critical _____	Hyperactive _____
Anxious _____	Depressed _____	Lethargic _____
Cooperative _____	Disoriented _____	Unable to Comprehend _____

DIAGRAMMING CODE:

Amputation - A
Burn - B
Contusion - C
Decubitus - D
Erythema - E
Laceration - L
Petechiae - P
Rash - R
Scar - S



Nurses Signature: _____

RN Assessing Patient: _____

Band Aid General Hospital
Charleston, W. Va.

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN

HEALTH OCCUPATIONS

JOB TITLE: Ward Clerk

JOB COMPETENCY: Schedules tests and treatments as ordered by the doctor.

LEARNING OBJECTIVES:

1. Identify common tests ordered by doctors.
2. Fill out patient's chart to show test has been scheduled.

LEARNING ACTIVITIES

1. Read Worksheet A "Scheduling Tests".
2. Make a list of 4 patients and the tests and/or treatments they need to have. Swap lists with another student. Mark which test can be called in, and which need forms. If the tests need forms, fill them out correctly.
3. Read Worksheet B "Recording Tests in the Chart".

EVALUATION

1. You are given part of a patient's chart. Schedule tests for the patients below. Use any date you wish. Write the tests in the patients' chart.

2. Fill out the Student Attitude Sheet.

PATIENT A

Carla Skinner, Rm. 315 needs to have a WBC, Platelet Count and Sickle Cell Screening immediately. She also needs to have the routine chest X-ray. Dr. Ann Flowers ordered the test for Thursday. Her last menstrual date was 7 days ago. She has no allergies.

PATIENT B

Dr. Chuck James ordered X-rays for the right knee, lower leg, ankle, and foot for Travis Beaver, Rm. 204. He will need a Wheelchair and the X-rays need to be taken right now. He also needs a hemoglobin count taken today.

EVALUATION

Skinner, Carla Rm. 315
Dr. A. Flowers

DATE	TEST	TIME	DEPARTMENT	ORDERED BY

Beaver, Travis Rm. 201
Dr. C. James

DATE	TEST	TIME	DEPARTMENT	ORDERED BY

[redacted]

CHARLESTON, W. VA.

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY

HEMATOLOGY

DIAGNOSIS:	TIME START A.M. P.M.	TIME COMPLETE A.M. P.M.	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:

PRIORITY: ROUTINE ☐ SURGERY ☐ TODAY ☐ STAT ☐ OUT PAT ☐

☐ C B C	☐ W B C	☐ SED. RATE (UNCORRECTED)
☐ R B C	DIFFERENTIALS	☐ PLATELET COUNT
☐ R B C INDICES	SEGS ____	☐ RETICS COUNT
☐ M C H	BANDS ____	☐ EOSINOPHIL COUNT
☐ M C V	LYMPHS ____	☐ SICKLE CELL SCREENING
☐ M C H C	MONOS ____	☐ L. E. SCREENING
☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
☐ HEMATOCRIT %	BASOS ____	☐ OTHER:
☐	JUV ____	☐

03-07-018

EVALUATION
STUDENT ANSWER SHEET
PATIENT A

CHARLESTON, WEST VIRGINIA

X-RAY NO.	DATE
MISC. CODE CHG	REQUESTED BY

CODE	✓	TEST	CODE	RT	LT	TEST
70603		SKULL	72062			CERVICAL (4 VW)
70504		SINUSES	76105			CERVICAL (2 VW)
70264		FACIAL BONES	72104			DORSAL SPINE
70249		IAC	72153			LUMBAR SPINE
71023		CHEST (2 VIEW)	72310			CERV. MYELOGRAM
71056		CHEST (1 VIEW)	72328			DORSAL MYEL.
76006		CARDIAC W/FLO	72344			LUMBAR MYEL.
73359		Ba SW (ESOPHA)	72500			CLAVICLE
73318		KUB	72617			SHOULDER
73300		ABD. (FLAT & UP)	72708			HUMERUS
73375		UPPER G.I.	72765			ELBOW
73417		SMALL BOWEL	72807			FOREARM
73383		UGI & SM. BOWEL	72864			WRIST
73482		GALL BLADDER	72906			HAND
73524		IVC	73011			HIP
73441		COLON	73086			FEMUR
73631		IVP	73110			KNEE
73615		IVP DRIP INF.	73151			LOWER LEG
73623		NEPHROTOMOGRAM	73193			ANKLE
73722		CYSTOGRAM	73268			HEEL
73656		RETROGRADES	73235			FOOT

OTHER (SPECIFY)

LAST MENSTRUAL DATE:

ALLERGIES:

REMARKS:

[ ] MON. [ ] TUES. [ ] WED. [ ] THURS. [ ] FRI. [ ] SAT.

WHEEL CHAIR	[ ]	STAT	[ ]
CARRIER	[ ]	TODAY	[ ]
WALK	[ ]	PORTABLE	[ ]

71502		RIBS UNI.	72351		COMP. MYEL.
71510		RIBS BIL.	76204		ADD. VIEWS
72294		COCCYX	75685		PORTABLE

40

CHARLESTON, WEST VIRGINIA

X-RAY NO	DATE
MISC. CODE CHG.	REQUESTED BY

CODE	✓	TEST	CODE	RT	LT	TEST
70603		SKULL	72062			CERVICAL (4 VW)
70504		SINUSES	76105			CERVICAL (2 VW)
70264		FACIAL BONES	72104			DORSAL SPINE
70249		IAC	72153			LUMBAR SPINE
71023		CHEST (2 VIEW)	72310			CERV. MYELOGRAM
71056		CHEST (1 VIEW)	72328			DORSAL MYEL.
76006		CARDIAC W/FLO	72344			LUMBAR MYEL.
73359		Ba SW (ESOPHA)	72500			CLAVICLE
73318		KUB	72617			SHOULDER
73300		ABD. (FLAT & UP)	72708			HUMERUS
73375		UPPER G.I.	72765			ELBOW
73417		SMALL BOWEL	72807			FOREARM
73383		UGI & SM. BOWEL	72864			WRIST
73482		GALL BLADDER	72906			HAND
73524		IVC	73011			HIP
73441		COLON	73086			FEMUR
73631		IVP	73110			KNEE
73615		IVP DRIP INF.	73151			LOWER LEG
73623		NEPHROTOMOGRAM	73193			ANKLE
73722		CYSTOGRAM	73268			HEEL
73656		RETROGRADES	73235			FOOT

OTHER (SPECIFY)

LAST MENSTRUAL DATE:

ALLERGIES:

REMARKS:

☐ MON. ☐ TUES. ☐ WED. ☐ THURS. ☐ FRI. ☐ SAT.

WHEEL CHAIR	☐	STAT	☐
CARRIER	☐	TODAY	☐
WALK	☐	PORTABLE	☐

71502		RIBS UNI.	72351		COMP. MYEL.
71510		RIBS BIL.	76204		ADD. VIEWS.
72294		COCCYX	75685		PORTABLE

EVALUATION
STUDENT ANSWER SHEET
PATIENT B

[redacted]

CHARLESTON, W. VA.

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY

DIAGNOSIS:	TIME START A.M. P.M.	TIME COMPLETE A.M. P.M.	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:

HEMATOLOGY

PRIORITY: ROUTINE ☐ SURGERY ☐ TODAY ☐ STAT ☐ OUT-PAT ☐

☐ C B C	☐ W B C	☐ SED. RATE (UNCORRECTED)
☐ R B C	DIFFERENTIALS	☐ PLATELET COUNT
☐ R B C INDICES	SEGS ____	☐ RETICS COUNT
☐ M C H	BANDS ____	☐ EOSINOPHIL COUNT
☐ M C V	LYMPHS ____	☐ SICKLE CELL SCREENING
☐ M C H C	MONOS ____	☐ L. E. SCREENING
☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
☐ HEMATOCRIT %	BASOS ____	☐ OTHER:
☐	JUV ____	☐

03-07-018

EVALUATION ANSWER SHEET

Skinner, Carla Rm. 315
Dr. A. Flowers

DATE	TEST	TIME	DEPARTMENT	ORDERED BY
STUDENTS CHOICE	WBC	STAT	HEMATOLOGY	DR. ANN FLOWERS
"	PLATELET COUNT	STAT	HEMATOLOGY	DR. ANN FLOWERS
"	SICKLE CELL	STAT	HEMATOLOGY	DR. ANN FLOWERS
"	CHEST X-RAY	THURS.	X-RAY	DR. ANN FLOWERS

Beaver, Travis Rm. 201
Dr. C. James

DATE	TEST	TIME	DEPARTMENT	ORDERED BY
STUDENT'S	HEMOGLOBIN	STAT	HEMATOLOGY	DR. CHUCK JAMES
"	X-RAY (RIGHT LEG)	STAT	RADIOLOGY	DR. CHUCK JAMES

SKINNER, CARLA
RM 315
DR. ANN FLOWERS

[redacted]
CHARLESTON, W. VA.

LAB FILE

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY
STUDENT'S CHOICE			STUDENT'S INITIALS

DIAGNOSIS: | TIME START A.M. P.M. | TIME COMPLETE A.M. P.M. | ☐ INSTALLATION | ☐ PRN | ☐ USE: | REMARKS:

HEMATOLOGY

PRIORITY: ROUTINE ☐ SURGERY ☐ TODAY ☐ STAT ☒ OUT PAT ☐

☐ CBC	☒ WBC	☐ SED. RATE (UNCORRECTED)
☐ RBC	DIFFERENTIALS	☒ PLATELET COUNT
☐ RBC INDICES	SEGS ____	☐ RETICS COUNT
☐ MCH	BANDS ____	☐ EOSINOPHIL COUNT
☐ MCV	LYMPHS ____	☒ SICKLE CELL SCREENING
☐ MCHC	MONOS ____	☐ L. E. SCREENING
☐ HEMOGLOBIN gms	EOS ____	☐ MALARIA
☐ HEMATOCRIT %	BASOS ____	☐ OTHER:
☐	JUV ____	☐

03-07-018

A

EVALUATION ANSWERS

B

BEAVER, TRAVIS
RM 204
DR. CHUCK JAMES

[redacted]
CHARLESTON, W. VA.

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY
STUDENT'S CHOICE			STUDENT'S INITIALS

DIAGNOSIS: | TIME START A.M. P.M. | TIME COMPLETE A.M. P.M. | ☐ INSTALLATION | ☐ PRN | ☐ USE: | REMARKS:

HEMATOLOGY

PRIORITY: ROUTINE ☐ SURGERY ☐ TODAY ☑ STAT ☐ OUT PAT ☐

☐ CBC	☐ WBC	☐ SED. RATE (UNCORRECTED)
☐ RBC	DIFFERENTIALS	☐ PLATELET COUNT
☐ RBC INDICES	SEGS ____	☐ RETICS COUNT
☐ MCH	BANDS ____	☐ EOSINOPHIL COUNT
☐ MCV	LYMPHS ____	☐ SICKLE CELL SCREENING
☐ MCHC	MONOS ____	☐ L. E. SCREENING
☒ HEMOGLOBIN gms	EOS ____	☐ MALARIA
☐ HEMATOCRIT %	BASOS ____	☐ OTHER:
☐	JUV ____	☐

03-07-018

[redacted]

40

CHARLESTON, WEST VIRGINIA

X-RAY NO

DATE STUDENT'S CHOICE

MISC. CODE CHG

REQUESTED BY DR. ANN FLOWERS

CODE	✓	TEST	CODE	RT	LT	TEST
70603		SKULL	72062			CERVICAL (4 VW)
70504		SINUSES	76105			CERVICAL (2 VW)
70264		FACIAL BONES	72104			DORSAL SPINE
70249		IAC	72153			LUMBAR SPINE
71023	X	CHEST (2 VIEW)	72310			CERV. MYELOGRAM
71056		CHEST (1 VIEW)	72328			DORSAL MYEL.
76006		CARDIAC W/FLO	72344			LUMBAR MYEL
73359		Ba SW (ESOPHA)	72500			CLAVICLE
73318		KUB	72617			SHOULDER
73300		ABD (FLAT & UP)	72708			HUMERUS
73375		UPPER G.I.	72765			ELBOW
73417		SMALL BOWEL	72807			FOREARM
73383		UGI & SM. BOWEL	72864			WRIST
73482		GALL BLADDER	72906			HAND
73524		IVP	73011			HIP
73441		COLON	73086			FEMUR
73631		IVP	73110			KNEE
73615		IVP DRIP INF	73151			LOWER LEG
73623		NEPHROTOMOGRAM	73193			ANKLE
73722		CYSTOGRAM	73268			HEEL
73656		RETROGRADES	73235			FOOT

SKINNER, CHARLH
RM 315
DR. ANN FLOWERS

OTHER (SPECIFY)

LAST MENSTRUAL DATE: 7 DAYS FROM STUDENT'S DATE

ALLERGIES: NONE

REMARKS:

[ ] MON. [ ] TUES. [ ] WED. [X] THURS. [ ] FRI. [ ] SAT.

WHEEL CHAIR [ ] STAT [ ]
CARRIER [ ] TODAY [ ]
WALK ✓ PORTABLE [ ]

71502		RIBS UNI.	72351		COMP. MYEL
71510		RIBS BIL	76204		ADD. VIEWS
72294		COCCYX	75685		PORTABLE

PATIENT A

EVALUATION ANSWERS

PATIENT B

CHARLESTON, WEST VIRGINIA

X-RAY NO

DATE STUDENTS CHOICE

MISC. CODE CHG

REQUESTED BY DR. CHUCK JAMES

CODE	✓	TEST	CODE	RT	LT	TEST
70603		SKULL	72062			CERVICAL (4 VW)
70504		SINUSES	76105			CERVICAL (2 VW)
70264		FACIAL BONES	72104			DORSAL SPINE
70249		IAC	72153			LUMBAR SPINE
71023		CHEST (2 VIEW)	72310			CERV. MYELOGRAM
71056		CHEST (1 VIEW)	72328			DORSAL MYEL.
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73300		ABD (FLAT & UP)	72708			HUMERUS
73375		UPPER G.I.	72765			ELBOW
73417		SMALL BOWEL	72807			FOREARM
73383		UGI & SM. BOWEL	72864			WRIST
73482		GALL BLADDER	72906			HAND
73524		IVC	73011			HIP
73441		COLON	73086			FEMUR
73631		IVP	73110	X		KNEE
73615		IVP DRIP INF	73151	X		LOWER LEG
73623		NEPHROTOMOGRAM	73193	X		ANKLE
73722		CYSTOGRAM	73268			HEEL
73656		RETROGRADES	73235	X		FOOT

BEAVER, TRAVIS STAT
RM 204
DR. CHUCK JAMES

OTHER (SPECIFY)

LAST MENSTRUAL DATE:

ALLERGIES: NONE

REMARKS:

[ ] MON. [ ] TUES. [ ] WED. [ ] THURS. [ ] FRI. [X] SAT

WHEEL CHAIR ✓ STAT [ ]
CARRIER [ ] TODAY [ ]
WALK [ ] PORTABLE [ ]

71502		RIBS UNI.	72351		COMP. MYEL
71510		RIBS BIL	76204		ADD. VIEWS
72294		COCCYX	75685		PORTABLE

140

WORKSHEET A

SCHEDULING TESTS

As a ward clerk you will be responsible for scheduling tests for patients. The steps you need to follow will be different in each place you may work. This worksheet will try to show you how to fill out 2 of the common tests - X-ray and Blood Work.

Not every test will have a form that goes along with it. If you work in a small hospital, you may have to send patients to another hospital to have the work done, or you may have to make a phone call to another department in your hospital to schedule the test.

No matter how your hospital works you must keep these two things in mind.

1. Schedule the test like you were told.
2. Write down the type of test and when it is to be on the patient's chart.

It is very important that you do this because a lot of the tests call for special diets and/or care before this can take place.

On the next page you will find an X-ray request form. Look at it as you read the following.

A. Write the patient's name, doctor and room number in this blank.

B. Test - Check the parts of the body you need X-rayed. As you work, you will learn what all of the terms mean, but for right now, you can first check off what you were told.

C. This section you write in special information. It is important to know if the patient is female, when she had her last menstrual period. If there is a chance she is pregnant, the X-ray could hurt her baby. If you check STAT (immediately) for the time, most hospitals also write it across the top of the form to make sure it is seen.

CHARLESTON, WEST VIRGINIA B 40 A

X-RAY NO. | DATE

MISC. CODE CHG. | REQUESTED BY

CODE	✓	TEST	CODE	RT	LT	TEST
70603		SKULL	72062			CERVICAL (4 VW)
70504		SINUSES	76105			CERVICAL (2 VW)
70264		FACIAL BONES	72104			DORSAL SPINE
70249		IAC	72153			LUMBAR SPINE
71023		CHEST (2 VIEW)	72310			CERV. MYELOGRAM
71056		CHEST (1 VIEW)	72328			DORSAL MYEL
76006		CARDIAC W/FLO	72344			LUMBAR MYEL
73359		Bo SW (ESOPHA)	72500			CLAVICLE
73318		KUB	72617			SHOULDER
73300		ABD (FLAT & UP)	72708			HUMERUS
73375		UPPER G.I.	72765			ELBOW
73417		SMALL BOWEL	72807			FOREARM
73383		UGI & SM. BOWEL	72864			WRIST
73482		GALL BLADDER	72906			HAND
73524		IVC	73011			HIP
73441		COLON	73086			FEMUR
73631		IVP	73110			KNEE
73615		IVP DRIP INF	73151			LOWER LEG
73623		NEPHROTOMOGRAM	73193			ANKLE
73722		CYSTOGRAM	73268			HEEL
73656		RETROGRADES	73235			FOOT

OTHER (SPECIFY)

C

LAST MENSTRUAL DATE:

ALLERGIES:

REMARKS:

[ ] MON. [ ] TUES. [ ] WED. [ ] THURS. [ ] FRI. [ ] SAT.

WHEEL CHAIR [ ] STAT [ ]

CARRIER [ ] TODAY [ ]

WALK [ ] PORTABLE [ ]

71502		RIBS UNI.	72351		COMP. MYEL.
71510		RIBS BIL.	76204		ADD. VIEWS.
72294		COCCYX	75685		PORTABLE

SMITH, JAMES R
DR. X. RAY
Rm 317

CHARLESTON, WEST VIRGINIA

X-RAY NO. | DATE

MISC. CODE CHG. | REQUESTED BY

CODE	✓	TEST	CODE	RT	LT	TEST
70603		SKULL	72062			CERVICAL (4 VW)
70504		SINUSES	76105			CERVICAL (2 VW)
70264		FACIAL BONES	72104			DORSAL SPINE
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71023	X	CHEST (2 VIEW)	72310			CERV. MYELOGRAM
71056	X	CHEST (1 VIEW)	72328			DORSAL MYEL.
76006		CARDIAC W/FLO.	72344			LUMBAR MYEL.
73359		Bo SW (ESOPHA)	72500	X	X	CLAVICLE
73318		KUB	72617	X	X	SHOULDER
73300		ABD. (FLAT & UP)	72708			HUMERUS
73375		UPPER G.I.	72765			ELBOW
73417		SMALL BOWEL	72807			FOREARM
73383		UGI & SM. BOWEL	72864			WRIST
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73631		IVP	73110			KNEE
73615		IVP DRIP INF	73151			LOWER LEG
73623		NEPHROTOMOGRAM	73193			ANKLE
73722		CYSTOGRAM	73268			HEEL
73656		RETROGRADES	73235			FOOT

142

OTHER (SPECIFY)

LAST MENSTRUAL DATE:

ALLERGIES: PENICILLAN

REMARKS:

[ ] MON. [✓] TUES. [ ] WED. [ ] THURS. [ ] FRI. [ ] SAT.

WHEEL CHAIR [✓] STAT [X]

CARRIER [ ] TODAY [ ]

WALK [ ] PORTABLE [ ]

71502		RIBS UNI.	72351		COMP. MYEL.
71510		RIBS BIL.	76204		ADD. VIEWS.
72294		COCCYX	75685		PORTABLE

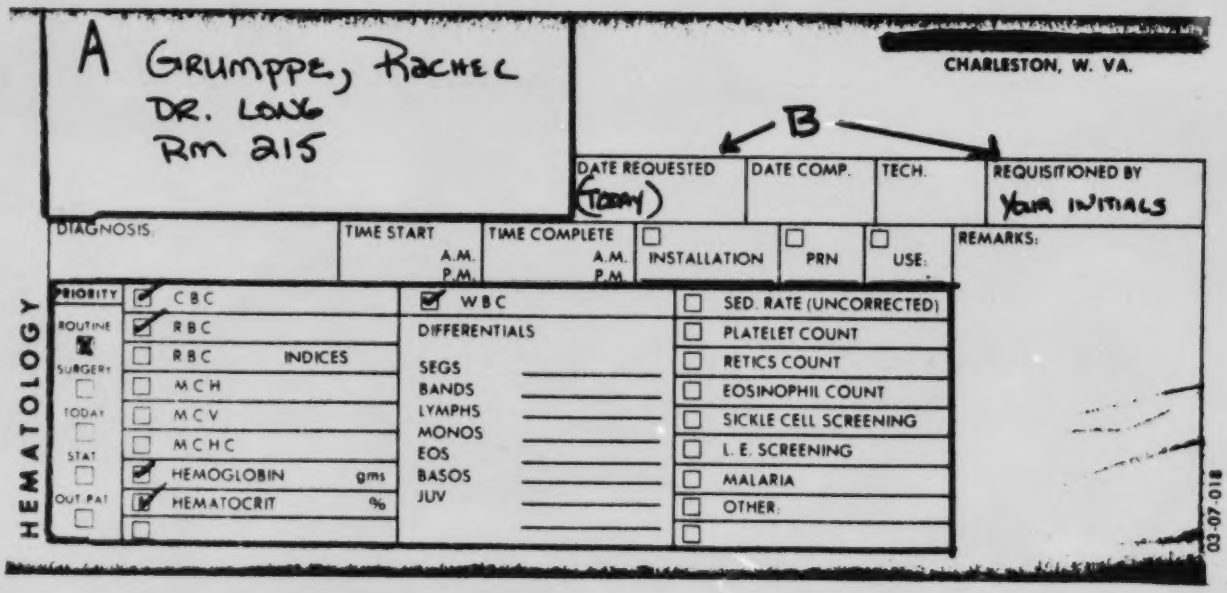
BLOOD WORK

Below is a form doctors use when they want blood work done. Look at it as you read the following.

A. Write the patient's name, doctor and room number in the blank.

B. You fill out the date you asked for the test and your initials. The technician will fill out the rest.

C. Tests - these are a list of the common tests done on blood. As you work you will find out what each of the tests mean. For right now you need only to check off the tests as you are told.


A GRUMPPE, RACHEL
DR. LONG
RM 215

[redacted]
CHARLESTON, W. VA.

B

DATE REQUESTED	DATE COMP.	TECH.	REQUISITIONED BY
(TODAY)			YOUR INITIALS

DIAGNOSIS	TIME START A.M. P.M.	TIME COMPLETE A.M. P.M.	☐ INSTALLATION	☐ PRN	☐ USE:	REMARKS:

HEMATOLOGY

PRIORITY: ROUTINE ☒ SURGERY ☐ TODAY ☐ STAT ☐ OUT PAT ☐

☑ CBC	☑ WBC		☐ SED. RATE (UNCORRECTED)
☑ RBC	DIFFERENTIALS		☐ PLATELET COUNT
☐ RBC INDICES	SEGS		☐ RETICS COUNT
☐ MCH	BANDS		☐ EOSINOPHIL COUNT
☐ MCV	LYMPHS		☐ SICKLE CELL SCREENING
☐ MCHC	MONOS		☐ L. E. SCREENING
☑ HEMOGLOBIN gms	EOS		☐ MALARIA
☑ HEMATOCRIT %	BASOS		☐ OTHER:
☐	JUV		☐

03-07-018

WORKSHEET B

Recording Tests in the Chart:

After you schedule a test or treatment, you have to write in the patient's chart the test and the time it will take place. This is important because some tests call for special care before they take place. It could mean a diet or body preparation. As a ward clerk it is your job to make sure the test shows up on the chart.

The test which have a form will have carbon copies. One of the copies will be marked "chart". After the test is scheduled, tear off this copy and put it in the chart.

Some hospitals use a special form to write down any and all tests. It will have a place for the date, the test, the time, and who ordered it.

DATE	TEST	TIME	DEPARTMENT	ORDERED BY
3/19/81	WBC	3:00pm	Hematology	DR. I.M. SICK

HEALTH OCCUPATIONS

JOB TITLE — Ward Clerk

JOB COMPETENCY — Keeps vital signs graph.

LEARNING OBJECTIVES

1. Locates vital signs on nurse's notes.
2. Reads basic charts.
3. Follows rules on charting when keeping graphs.

LEARNING ACTIVITIES

1. Read Worksheet A "How to Read a Graph".
2. Read Worksheet B "Vital Sign Charts".
3. Take the vital signs of one person in your room once a day for five days. Chart the information.

EVALUATION

1. Given the nurse's notes below, chart the vital signs.
2. Fill out the Student Attitude Sheet.

	DAY 1	DAY 2	DAY 3
8 a.m.	T 101(R) P88 R20	T 102 (R) P86 R18	T 99.4 (R) P88 R22
12 noon	T 101 P88 R20	T 101 P86 R18	T 99.4 P88 R22
4 p.m.	T 100 P88 R20	T 100.9 P86 R20	T 100.4 P90 R22
8 p.m.	T 100 P88 R20	T 99.8 P86 R20	T 101.4 P88 R20
12 midnight	T 101 P90 R22	T 98.6 P86 R20	T 100.6 P88 R20
4 a.m.	T 102 P90 R22	T 98.6 P86 R20	T 98.6 P88 R20

Evaluation
Student
Worksheet

BAND AID GENERAL HOSPITAL

CHARLESTON, W.VA.

GRAPHIC CHART

Date												
Day in Hosp.												
Post Op.Day												
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12	4 8 12

TEMPERATURE	106°
	105°
	104°
	103°
	102°
	101°
	100°
	99°
	Normal
	98°
	97°
	96°
PULSE	160
	150
	140
	130
	120
	110
	100
	90
	80
	70
	60
RESPIRATION	50
	40
	30
	20
	10
B.P.	
Weight	
Stool	

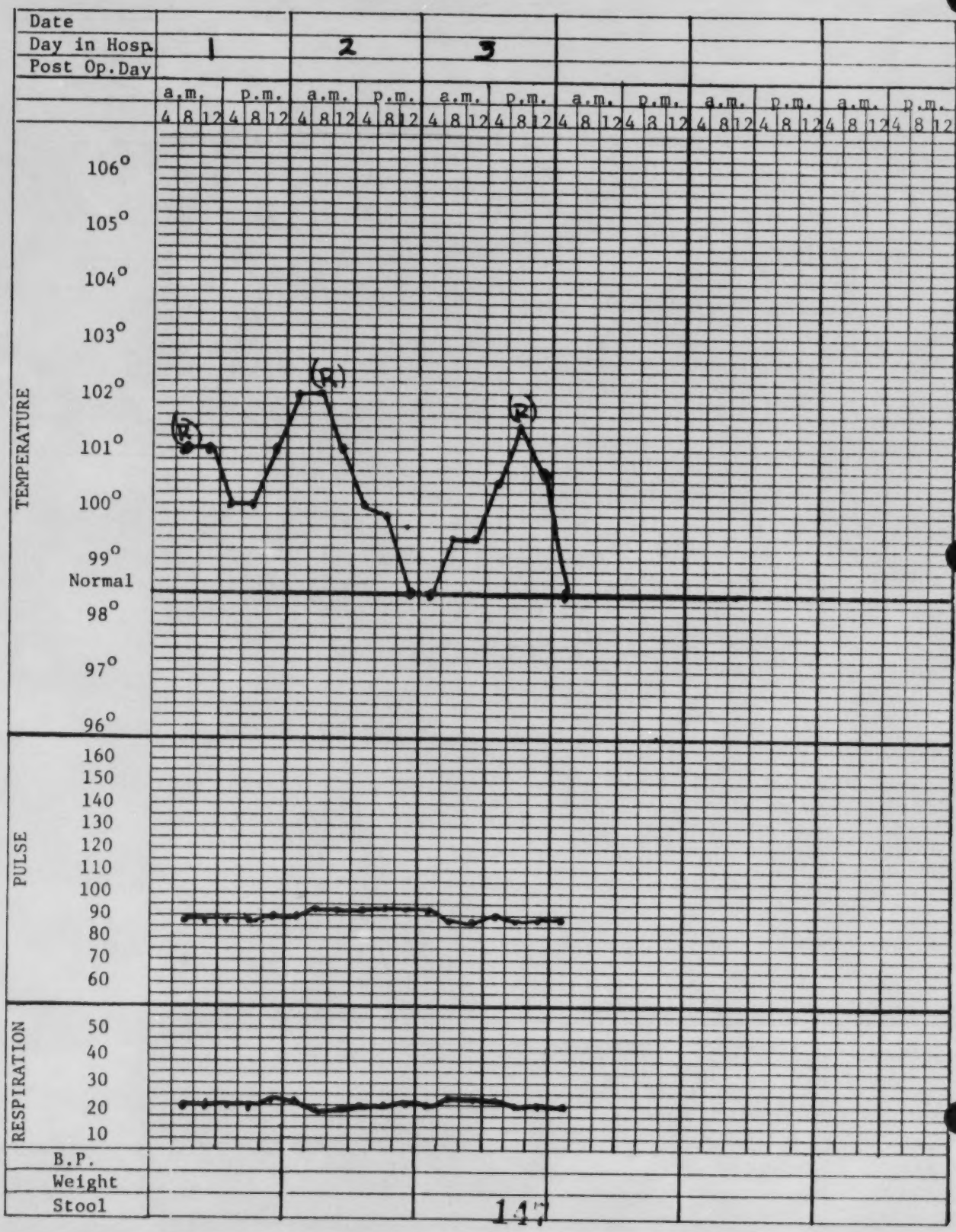
GRAPHIC CHART 03-19-024

Evaluation
Answers

BAND AID GENERAL HOSPITAL

CHARLESTON, W.VA.

GRAPHIC CHART



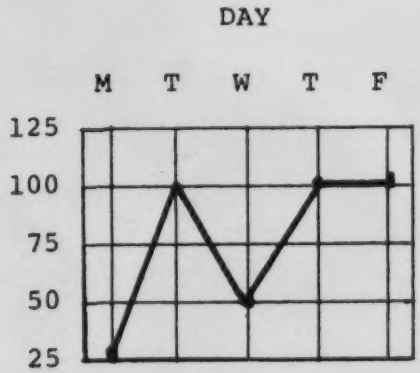
GRAPHIC CHART 03-19-024

WORKSHEET A

"How to Read a Graph"

Graphs are used so you can see how a thing changes over a period of time if you saw a line like this, would it mean anything to you?

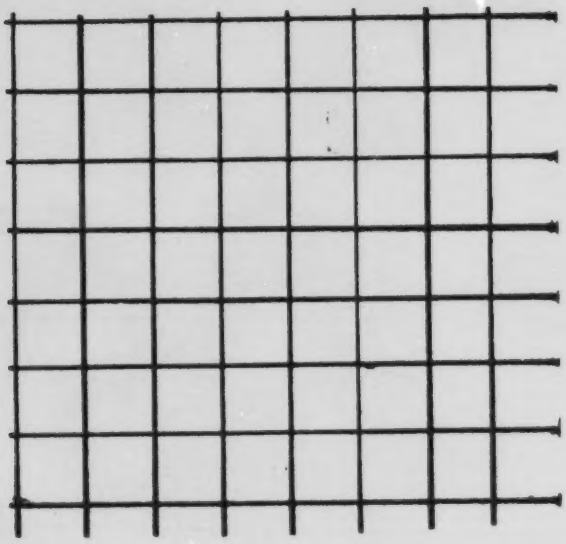
No? Well, what if it was a line showing how many pieces of chicken were sold over one week?



You can tell at a glance that Monday and Wednesday were bad days for chicken sales.

You can make a graph to show anything you want it to show. Just follow these steps below and you should not have any trouble.

1. Get a piece of graph paper. This will save you the time and effort of drawing lines.



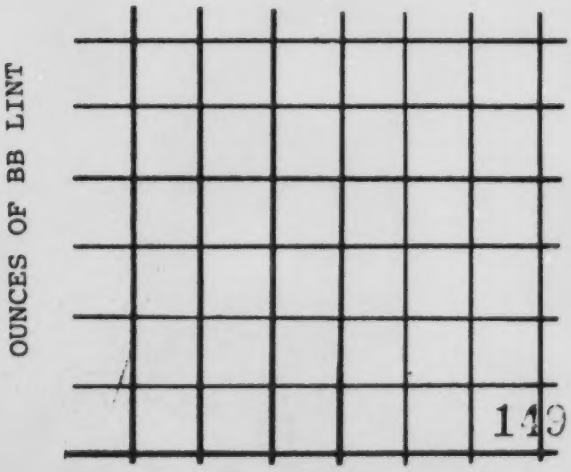
2. Give your graph a name. To keep it simple, try to show only two facts. This graph is going to show ounces of Bellybutton Lint (BB Lint) collected by Clyde Vance over one week.

3. One side of the graph will show the days of the week and the other side will show ounces (oz.) of BB Lint.

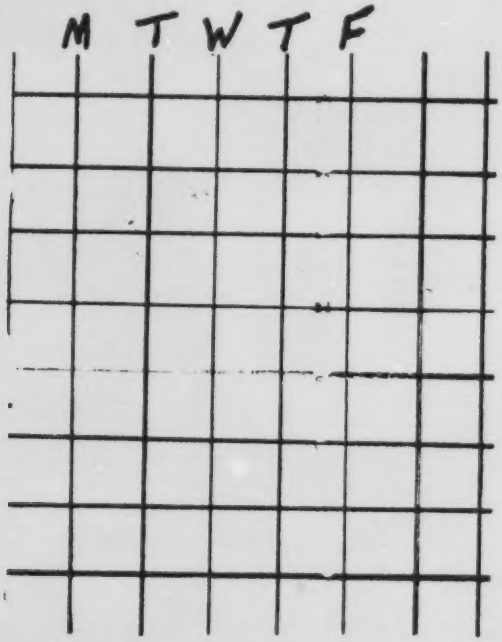
Ounces of Clyde Vance's BB Lint

Week of May 4 - May 11

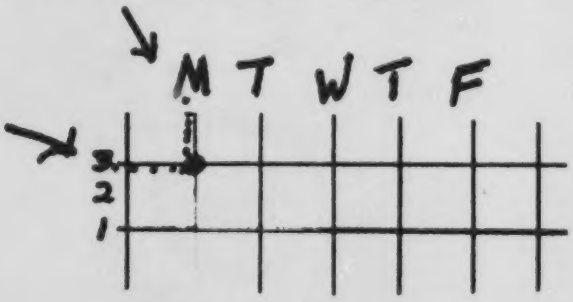
DAYS OF WEEK



4. You know the days of the week, but you do not know how many oz of BB Lint to expect, so you should put in the whole range. Since 16 oz. Make a pound, you might be wise to put in all 16 oz. Keep the smallest amount at the bottom.

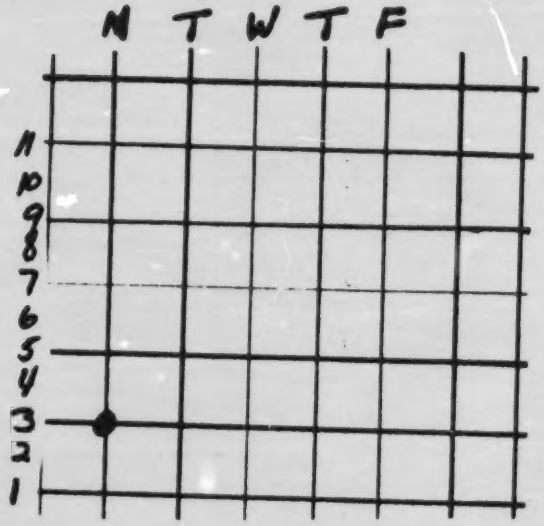


5. O.K., it's Monday evening and the first oz of BB Lint have been weighed. Clyde has 3 oz. You know its Monday so put your pencil on Monday's line.

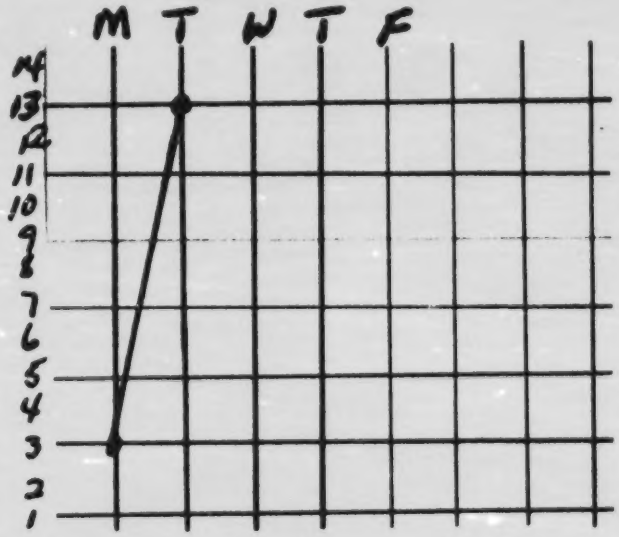


Now look at the line for number of oz. find the 3.

Follow the number 3 line over until you hit the line

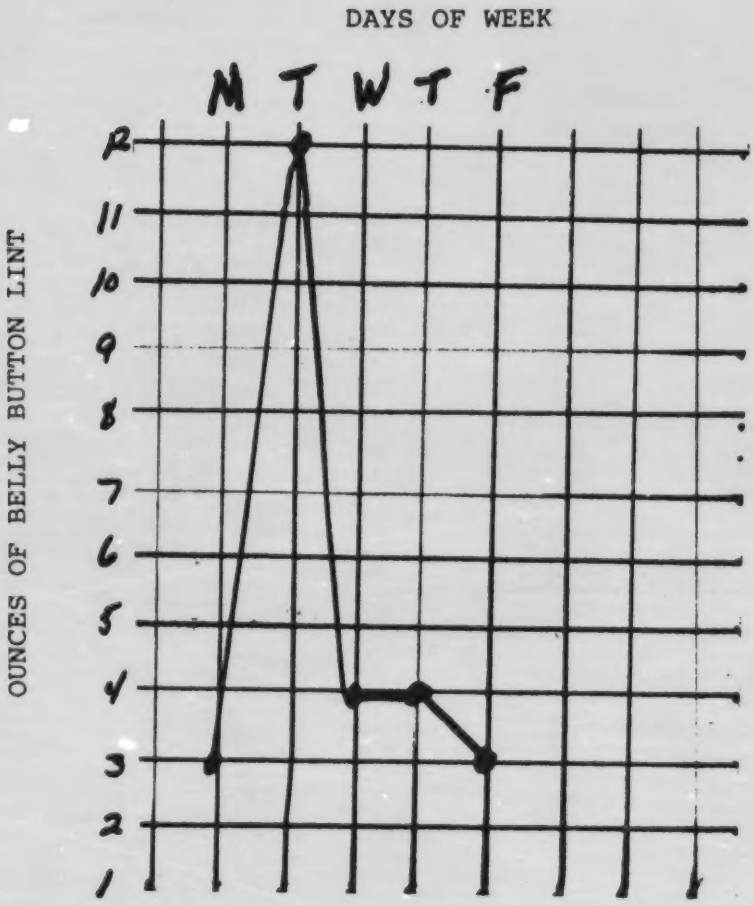


6. Now it is Tuesday and the BB Lint took a big leap up because Clyde wore a wool sweater without a T-shirt. He weighed in at 13 oz. The graph looks like this now. We draw a line to connect the dots so the eye can see the rise easier.



You find the place to put the dot as you did last time. Find Tuesday's line and then the line which shows 13 oz. Put a dot where the two lines cross.

7. Clyde learned his lesson. He wore light cotton shirts the rest of the week and the oz. of BB lint dropped. The finished graph looks like this. What day was the BB Lint the lowest?



WORKSHEET B

VITAL SIGN CHARTS

The chart you will use will different each place you may work, but it will always have the time in blocks across the top and the numbers relating to temperature, pulse and respiration along one side.

DATE																																				
TIME	A.M.			P.M.			A.M.			P.M.			A.M.			P.M.			A.M.			P.M.			A.M.			P.M.		
	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
TEMPERATURE 104																														
103																														
102																														
101																														
100																														
99																														
Normal																														
98																														
PULSE 160																														
150																														
140																														
130																														
120																														
110																														
100																														
90																														
80																														
70																														
60																														
RESPIRATION 50																														
40																														
30																														
20																														
10																														

If the temperature was rectal put an (R) above the dot, and if it was an axillary temperature put an AX.

If you should make a mistake, DO NOT ERASE. Put a single red line through the error and print the word "error" beside it and put your initials.

Chart these patients' records. T means Temperature. P for Pulse. R for Respiration.

1. Ella Vator

	DAY 1	DAY 2	DAY 3
8a.m.	T98.6 P88 R20	T99 P88 R22	T99.3 P94 R16
12 noon	T99 P92 R20	T99 P88 R22	T99.6 P94 R16
4p.m.	T99 P96 R22	T99 P88 R22	T100 P92 R16
8p.m.	T100 P96 R22	T99 P88 R22	T100 P90 R16
12 midnight	T101.6 P96 R22	T101 P92 R22	T101.6 P88 R16

2. Ura Hog

	DAY 1	DAY 2	DAY 3
8a.m.	T100 P88 R20	T103 P88 R20	T99.6 P72 R18
12 noon	T99.8 P84 R22	T101.6 P84 R18	T99.4 P22 R16
4p.m.	T99 P80 R20	T101.4 P80 R18	T99.4 P82 R20
8p.m.	T97.6 P92 R16	T98.4 P92 R20	T101 P88 R22
12 midnight	T97.2 P96 R18	T98.6 P96 R22	T102.3 P92 R20

HEALTH OCCUPATIONS

JOB TITLE — Ward Clerk

JOB COMPETENCY — Identifies medical terms.

LEARNING OBJECTIVES

1. Read medical symbols and terms.
2. Write medical symbols and terms.
3. Recognize the meaning of and use the most common forms of prefixes and suffixes.

LEARNING ACTIVITIES

1. Read Worksheet A. "Time Abbreviations".
2. Read Worksheet B. "Patient Orders".
3. Read Worksheet C. "Prefixes".
4. Rewrite the sentences in Worksheet D using the proper abbreviations.
5. Get 5 pill bottles and write the directions in medical terms.

EVALUATION

1. Identify the list of terms below. You must score 75%.

   a. p.c.
   b. t.i.d.
   c. E.R.
   d. Rx
   e. CA
   f. anti
   g. itis
   h. bio
   i. Cyt
   j. path
   k. pneum
   l. gtt
   m. s
   n. OR
   o. EENT

2. Fill out the Student Attitude Sheet.

EVALUATION ANSWER SHEET

a. After Meals
b. 3 times a day
c. Emergency Room
d. Treatment
e. Cancer
f. Against
g. Inflammation
h. Life
i. Cell
j. Disease
k. Lung
l. Drops
m. Without
n. Operating Room
o. Eyes, Ears, Nose and Throat

WORKSHEET A

TIME & PLACE ABBREVIATIONS

You use abbreivations every day to save time. You know Mr.; Ms.; Mrs.; St. (Street) WV (West Virginia); at a glance and do not think twice about using them. Ward clerks and most health workers use abbreviations too. In this worksheet, you will learn abbreviations which deal with time and places. They might not seem as clear to you as WV., but once you start using them; they will come as easy as Mr. or Ms.

Time

a.c. - before meals
p.c. - after meals
A.M. - Morning (From 12:00 midnight till noon)
P.M. - Evening or afternoon (From noon till midnight)
h.s. - hour of sleep (bedtime)
hr. - hour
b.i.d. - Twice a day (Bi means 2 as in BIcycle)
t.i.d. - Three times a day (Tri means 3)
q.i.d. - Four times a day (Fourths as in quarters)
q. 2h - Every two hours

Places (Departments)

O.R. - Operating Room
B.R. - Bathroom
Lab - Laboratory
O.P.D. - Outpatient Department
O.B. - Obstetrics
EENT - Eye, ear, nose and throat
E.R. - Emergency room
C.S. - Central Supply
I.C.U. - Intensive Care Unit

Study the abbreivations until you can write them correctly and recognize them.

WORKSHEET B

PATIENT ORDERS

How many times has a doctor given you a prescription form to be filled and you could not read it? Most people say it is the doctor's writing, but a lot of the times it is the abbreviations he/she uses. The following is a list of orders which deal with the patient.

p.r.n. - whenever necessary
Stat. - at once
dc - discontinue
Spec - Specimen
O_2 - oxygen

$\overline{ss}$ - one half

$\overline{c}$ - with

$\overline{s}$ - without
gtt - drops
lb. - pound
wt. - weight
ht. - height
N.P.O. - Nothing by mouth
P.O. - by mouth
CA - Cancer
P.O. Post operative
AMT - Amount
Rx - treatment
DR - Doctor
DX - Diagnosis

WORKSHEET C

"PREFIXES"

A lot of the times prefixes are added to words. The prefix can give you a clue as to what the word means. For example anti means against. Anti-movement - means a movement against something.

The following is a list of prefixes you will find in the health field. Try to list as many words as you can which use the prefixes. Swap with another student.

a - from without - Example aspsis - without infection
dys - (DIS) pain
cyt - (SIGH) cell
emia - (EMEE-A) blood
itis - (EYETIS) inflammation
oma - tumor
bio - life
neo - new
path - disease
pneum - (NEW) lung
toxic - poison

WORKSHEET D

Rewrite these sentences and use medical abbreviations.

1. Get laboratory results at once so Doctor Twaddle can make her diagnosis.

2. Discontinue the liquid at bedtime.

3. Get four pounds of gauze from Central Supply at once.

4. Give medicine to Rachel Grumppe, in obstetrics whenever she asks for it, but not more than every two hours.

5. Use the drops with oxygen at once.

WORKSHEET D ANSWERS

1. Get lab results STAT. so Dr. Twaddle can make her DX.
2. dc the liq. at h.s.
3. get 4 lbs. of gauze from C.S. STAT.
4. Give medicine to Rachel Grumppe in OB p.r.n., but not more than q2h.
5. Use the gtt. $\bar{c}$ O_2 STAT.

NURSE'S AIDE/ORDERLY

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. CODE
Nurse Aide/Orderly	355.687	07.0303

DUTIES

1. Answer patients' bell calls.
2. Deliver messages.
3. Serve meals.
4. Bathe and dress patients.
5. Give massages.
6. Make beds.
7. Take temperatures.
8. Help patients out of bed and walking.
9. Take patients for tests/surgery.

WHERE EMPLOYED

1. Hospitals
2. Nursing homes

EMPLOYMENT OUTLOOK

Better than average through mid 80s. Most new openings will be in nursing homes.

EDUCATION & TRAINING

Most require a high school diploma. Some places such as nursing homes or mental hospitals want more mature people, who are at least in their twenties. You can receive on-the-job training or attend a course in your public school system.

SPECIAL QUALIFICATIONS

1. Healthy
2. Patient and understanding
3. Emotionally stable
4. Dependable

WAYS TO ENTER FIELD

1. Apply at local hospital/nursing homes.
2. Watch employment ads in local newspaper.

CHANCE OF ADVANCEMENT

Limited without more training.

EARNINGS & BENEFITS

Most start out at minimum wage. You can expect to make from $125 to $140 a week. Most receive paid vacations after 1 year of service and paid holidays and sick leave.

Working Conditions & Lifestyles

You will work shift work and some of it will be on weekends and holidays. You will work 40 hours or less a week.

HEALTH OCCUPATIONS

JOB TITLE — Nurse Aide/Orderly

JOB COMPETENCY — Take pulse and temperature.

LEARNING OBJECTIVES

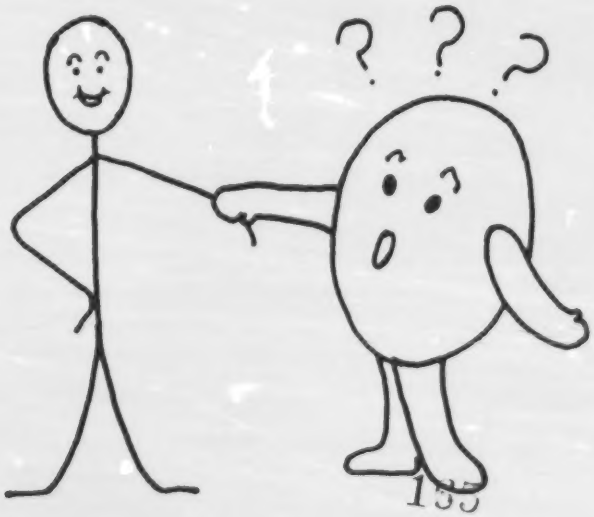
1. Find parts of the body where pulse can be taken.
2. Take and write down pulse.
3. Identify two thermometers used to take temperatures.
4. Use thermometer to take temperatures.

LEARNING ACTIVITIES

1. Read Worksheet A.
2. Take the pulse of four people in your room. Write down the people's pulse.
3. Read Worksheet B.
4. Take the temperature of four people in your room. Write down the people's temperature.
5. Answer the questions in Worksheet C. Check your answers with your teacher.

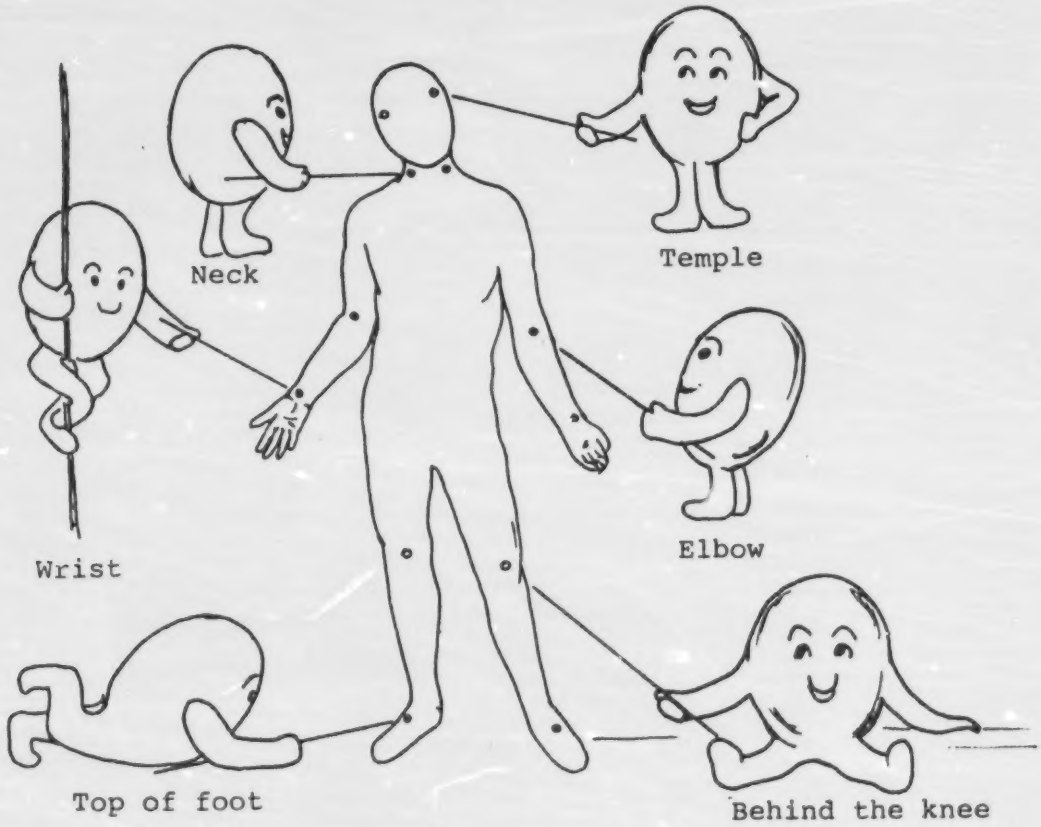
EVALUATION

1. Take your teacher's pulse and temperature, and write it down.
2. Fill out the Student Attitude Sheet.



WORKSHEET A

You have had your pulse taken some time in your life. When you feel your pulse, you feel the blood being pushed through an artery as your heart beats. It is easy to feel your pulse at a place where you can push an artery against a bone with your fingers. These drawings show you these places.



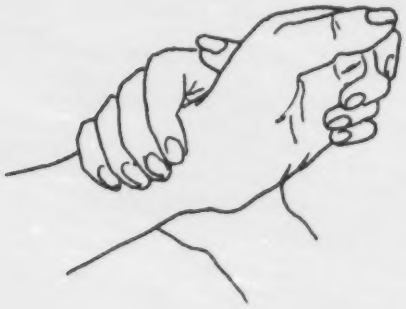
These are the pulse rates most people will have.

Adult Men	60-70 beats per minute
Adult Women	65-80 beats per minute
Children over 7	72-90 beats per minute
Children 1-7	80-120 beats per minute
Infants	110-130 beats per minute

These are the steps you use to take a pulse.

1. Wash your hands.
2. Make sure your patient is comfortable with one arm down and the other arm resting across the chest.

3. Find the pulse on the thumb side of the wrist. Use your first three fingers. Do not use your thumb since it has a pulse all its own, and you might mix them up.



4. When you feel the pulse, press a little harder. Watch the second hand of a watch or clock and count the number of times you feel the pulse beat in one minute. Is it normal?

Go on to Learning Activity 2.

WORKSHEET B

You have had your temperature taken a lot of times. A person's body temperature is important because it tells us the difference between the heat made by the body and the heat that is lost.

Most people have a body temperature of 98.6 degrees.

There are 3 ways to take a temperature.

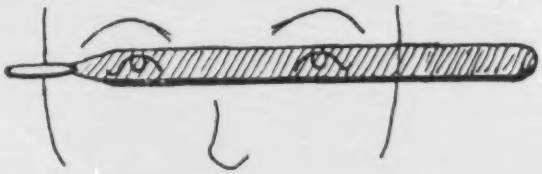
1. Oral - this is used most. The thermometer is placed in the patient's mouth.

2. Rectal- This is the way to take the most correct reading. The thermometer is placed in the rectum.

3. Axillary - This will not give you a very correct reading. The thermometer is placed under the arm or in the groin area.

This is how you read a thermometer.

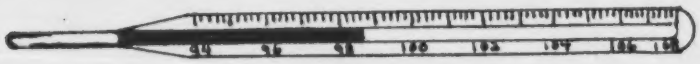
1. Hold the thermometer at eye level.



2. Slowly turn the thermometer, looking at the sharp edge between the numbers and lines, until you can see the solid column of mercury.

3. Start at 94 and follow the mercury to the right. Each long line means 1 degree. Only every other degree is marked with a number.

4. In between each long line are four shorter lines. Each of these lines marks 2/10 of a degree. The mercury below goes to 98° and then past 98° to the 3rd short line. What is the temperature?

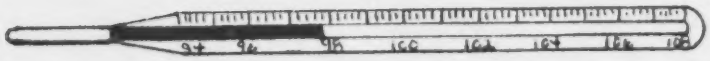


This person's temperature is 98.6.

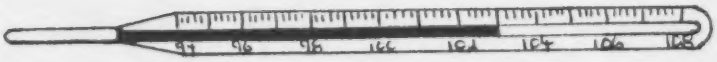
Read these thermometers.

a.

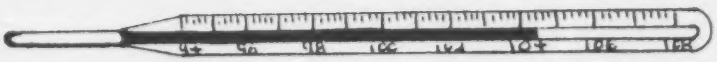
b.



c.



d.



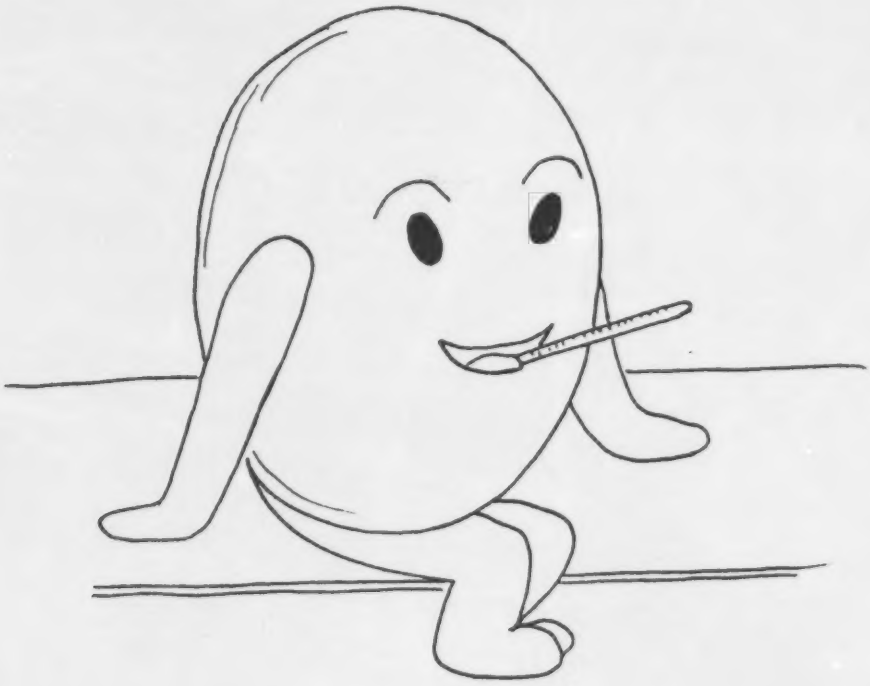
Here are the answers.

a. 100.2
b. 97.8
c. 103
d. 104.4

If you did not get the right answers, stop, and ask your teacher to help you.

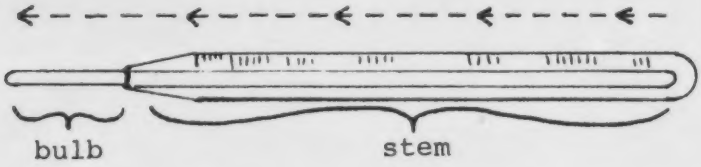
These are the steps to use to take someone's temperature.

1. Wash your hands.
2. Get an oral thermometer. Make sure it is sterile.
3. Have the person rest in a bed or chair.
4. Take the thermometer and wipe with clean tissue.
5. Read the thermometer. If it is <u>not</u> below 96° you must shake it down.
6. To shake down a thermometer, move away from table or things you could hit it on. Hold tight with your thumb and fingers.
7. Put the bulb end of the thermometer under the person's tongue toward the side of the mouth.



8. Tell the patient to hold the thermometer with their lips closed for 3 minutes. Tell young children not to bite the thermometer with their teeth.

9. Wait 3 minutes after you put the thermometer in, then take it out. Wipe the thermometer from the stem to the bulb.



10. Read the thermometer and write down the temperature.

11. Sterilize the thermometer.

Go on to Learning Activity 4.

WORKSHEET C

1. Do you think a medical assistant would spend a lot of time taking pulse and temperature? Tell why or why not.

2. Why would a doctor want a medical assistant to take pulse and temperature?

3. Is it part of a medical assistant's job to be nice to patients? Tell why or why not.

4. If you were a medical assistant and I asked you to tell me my pulse or temperature, would you tell me?

Name _____

Job Nurse Aide/Orderly

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Take pulse and temperature.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Nurse Aide/Orderly

JOB COMPETENCY — Help patient turn, sit and move in and out of chairs and beds.

LEARNING OBJECTIVES

1. List the ways to lift and/or turn patients so you won't hurt yourself.
2. List the right ways to lift and/or turn patients so you won't hurt the patient.
3. List the reasons for changing the patient's positions.

LEARNING ACTIVITIES

1. Read Worksheet A. Show your teacher how to lift a heavy box off the floor.

2. Read Worksheet B.

3. Ask a student to be your partner: Take turns pretending to be bedridden. Practice these things.
   a. turning the patient towards you.
   b. turning the patient away from you.
   c. helping the patient sit up in bed.
   d. helping the patient into a chair.

4. Talk with your instructor on how you and/or the patient could be hurt when you are
   a. turning a patient.
   b. helping a patient sit up.
   c. helping a patient into a chair.

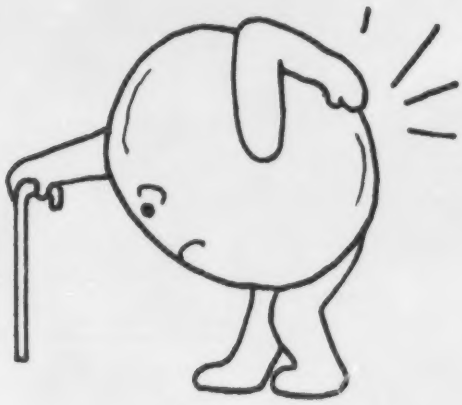
EVALUATION

Your instructor will tell you to help lift, turn or set up a patient.
1. List the steps you will follow.
2. Tell why you must lift or turn the patient.
3. Demonstrate the lift or turn without hurting yourself or the patient.
4. Fill out the Student Attitude Sheet.

WORKSHEET A

How to Lift

This worksheet is to teach you how to pick up heavy things without hurting yourself. As a nurse aide or an orderly you will be asked to lift patients, boxes, trays, etc. If you don't do it right, you could really hurt yourself.



The first thing you need to know is how to keep a good Posture.

Your back is built to bend. The spine has small muscles. The main job of the spine muscles is to bend and hold your back steady while your legs and shoulders do the heavy work.

If you keep these things in mind you will not hurt yourself as you lift heavy objects.

1. Keep your back steady, not stiff.
2. Bend from the knees and hips to get close to the object.
3. Put your feet about 12 inches apart to keep your balance.
4. Use your own body weight to help push or pull the object.
5. Use the strongest muscles to do the job.
6. Don't twist your body.
7. Don't bend for long periods of time.
8. IF YOU DON'T THINK YOU CAN MOVE OR LIFT THE OBJECT--ASK FOR HELP!

WORKSHEET B

There are several different reasons why you will change a patient's position.

1. If a patient stays in one position too long they can get muscle cramps.
2. A patient who lies in one position for too long can also get bed sores. This is because the blood can't circulate like it is supposed to, so sores form. If a patient is unconscious or unable to change position, you should turn them every hour.

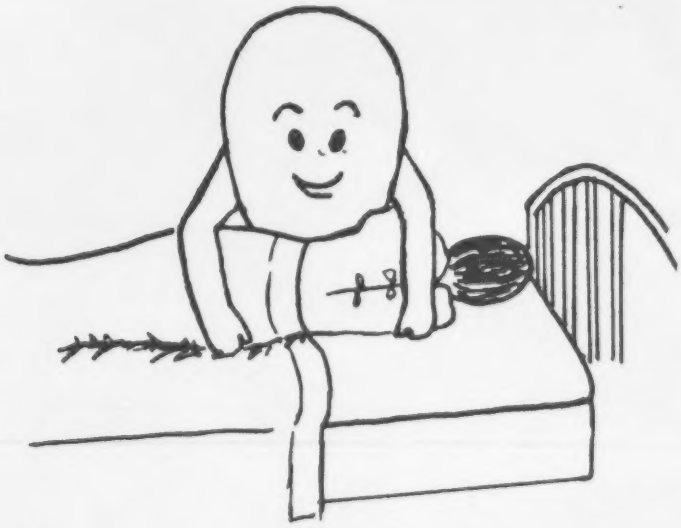
When you help move a patient you will be doing one of four things.

1. Turning the patient toward you.
2. Turning the patient away from you.
3. Helping the patient to sit up in bed.
4. Helping the patient into a chair.

These are the steps you should learn.

Turning The Patient Toward You

1. Tell the patient what you plan to do.
2. Lock the bed.
3. Put your hand nearest the head of the bed on the patient's far shoulder and your other hand on the hips on the far side. Brace yourself against the side of the bed.



4. Roll the patient toward you. Be sure you roll them slow and easy.
5. Put up side rail on the other side of the bed.
6. Go to the other side of the bed.
7. Put your hands under the patient's shoulders and then hips. Pull the patient toward the center of the bed.

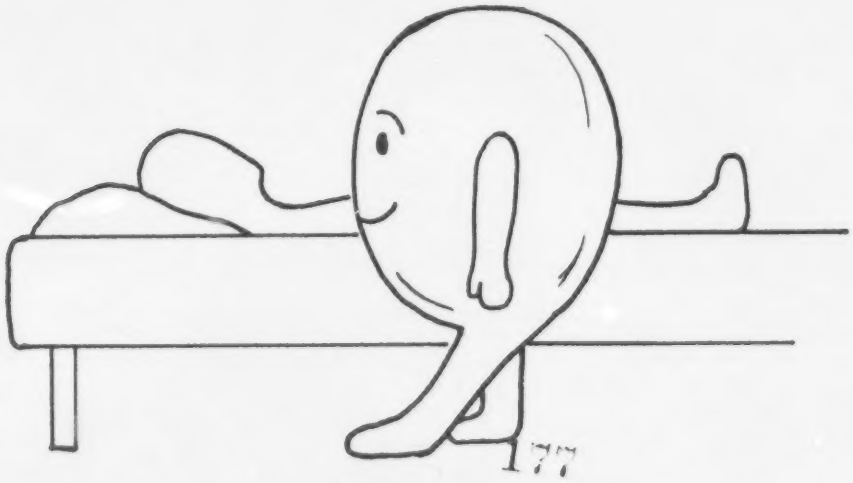
Turning The Patient Away From You

1. Tell the patient what you plan to do.
2. Lock the bed and put up the side rail on the opposite side of bed.
3. If the patient can, have him/her bend their knees, cross arms over chest.
4. Put your arm nearest the head of the bed under the patient's head and shoulders. Put your other hand and forearm under the small of the patient's back. Bend your body at hips and knees. Keep your back straight.
5. Put your forearms under patient's hips and pull toward you.
6. Move patient's ankles and knees toward you by putting one hand under the ankles and one under the knees.
7. Cross patient's nearer leg over the other leg at ankles.
8. Be real careful and slowly roll patient away from you.
9. Put your hands under the patient's head and shoulders and pull back until the patient is in the center of the bed.
10. Move the patient's hips as you did in #5.

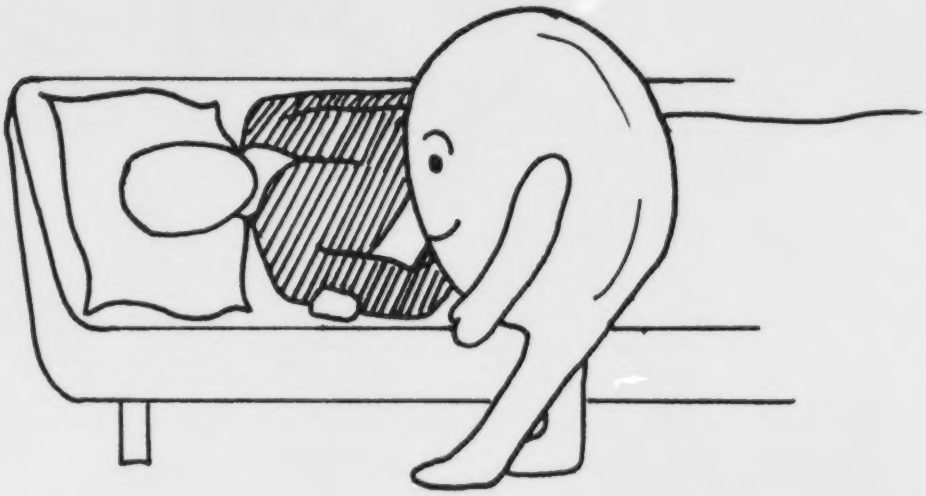
Help The Patient To Sit Up In Bed

There will be times you will help patients sit up in bed. You have to be careful so you won't damage equipment or hurt patients who have had surgery. These are the steps to follow.

1. Tell the patient what you plan to do.
2. Lock the bed.
3. Turn to face the head of the bed.
4. Put your outside leg forward.



5. Turn your head away from the patient's face.
6. Lock your arm and the patient's arm that are near.

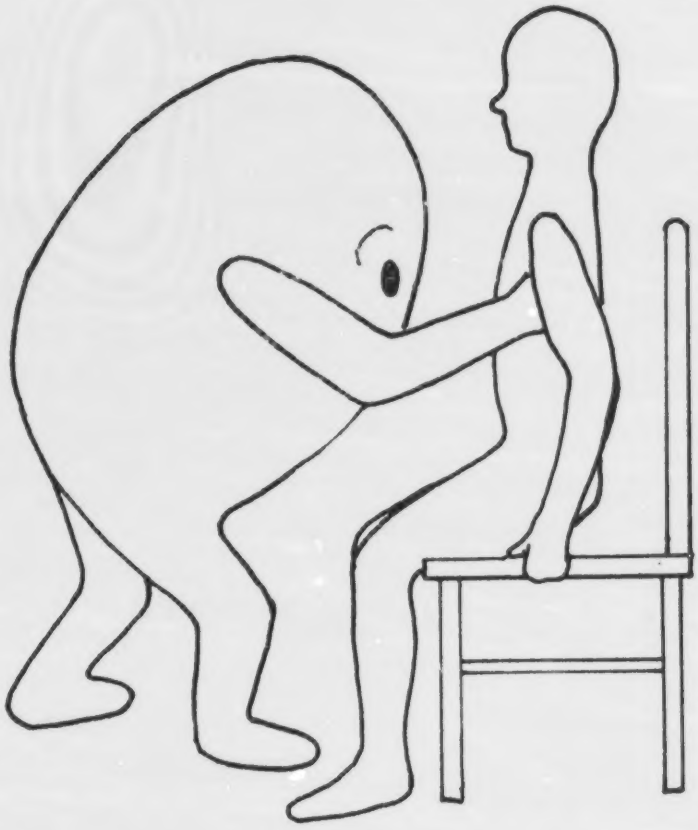


7. Use your other arm to make a cradle for the head and shoulder.
8. Help the patient sit.

Helping The Patient Into A Chair

1. Tell the patient what you plan to do and how he/she can help.
2. Make sure the area is screened for privacy.
3. Put the chair near the head of the bed. Have the chair face the foot of the bed. Lock the bed and chair.
4. Raise the head of the bed. Make sure the bed is in the lowest position.
5. Turn down the covers.
6. Dress patient.
7. Put a foot stool by the bed if you need it.
8. Help patient sit.
9. Have patient put their feet on the center of the stool or floor and hands on your shoulder. Put your hands under each arm.

10. Lift patient to help him/her slide off the edge of the bed until they are standing.
11. Keep your hands where they are and help the patient turn until their back is toward the chair.
12. Bend at your hips and knees and lower patient gradually to a sitting position in the chair. Keep your back straight.



Name _____

Job Nurse Aide/Orderly

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Help patient					
turn, sit and move in and out					
of chairs & beds					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done:

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Nurse Aide/Orderly

JOB COMPETENCY — Serves and feeds patients who need help.

LEARNING OBJECTIVES

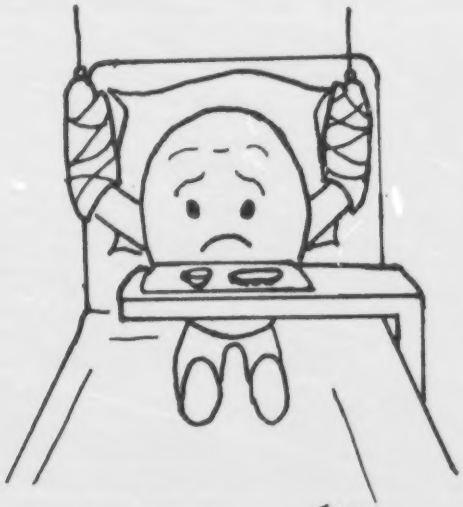
1. Identify feeding tasks patients cannot do themselves.
2. Put patients in the best position to be fed.
3. Serve and feed patient who can't do it themselves.

LEARNING ACTIVITIES

1. Read and complete Worksheet A. Check your work with your teacher.
2. Read the descriptions of patients in Worksheet B. Write down how you would serve and feed each one. Explain any special tasks.
3. Ask another student to pick one of the patients from Worksheet B and to act like that patient. Feed the student. The Student/patient will tell your teacher how you did.

EVALUATION

1. Serve and feed a student in your room. Pretend the student in your room cannot move their left side.
2. Fill out the Student Attitude Sheet.



WORKSHEET A

How To Serve And Feed Patients

Before the Meal

1. Find out if the patient has to use a bed pan or urinal.
2. Give the patient the things needed to brush teeth, wash hands, etc.
3. Clean the eating area.
4. Try to set the patient up. This helps the patient digest the food.
5. If the patient can not sit up in bed, prop his/her head up with pillows.

How to Serve the Patient

Most people do not like to be fed. It makes them feel very helpless. You should remember this and be very patient and kind to these people. Let them do anything they can for themselves.

If a Patient Cannot Move One Arm

1. Fix and pour coffee.
2. Cut meat, butter bread and set the tray so the patient can feed him/her self with one arm.

Weak Patient

1. Help by guiding arms or steadying his/her hands.
2. Use straws in drinks.

Helpless

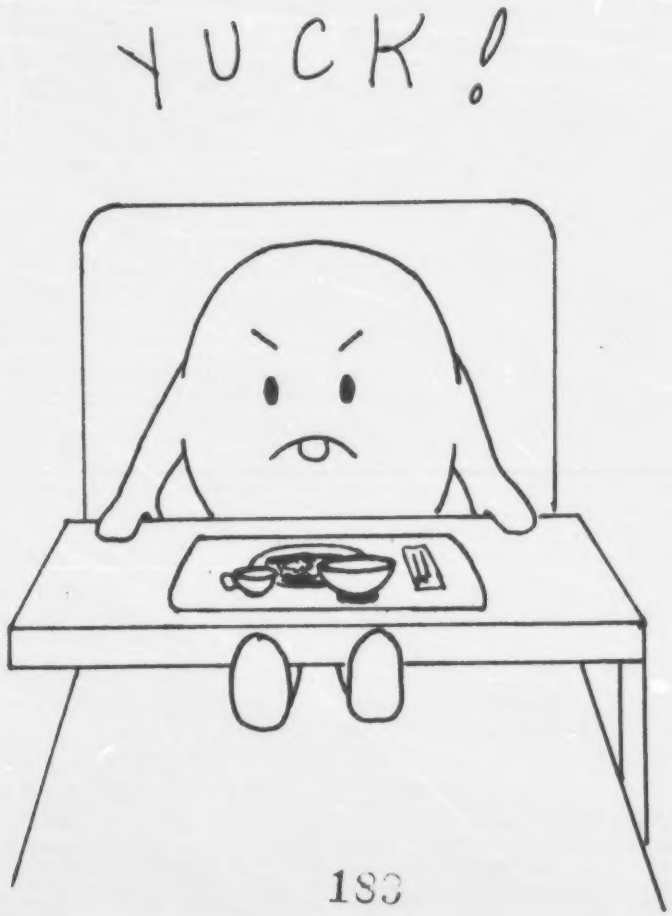
1. Serve tray last and feed. Do not make him/her feel more helpless by serving the tray and leaving them alone to smell the food and wait to see when or if someone is going to feed them.
2. Ask patient about any special ways they like their food. (salt, butter, etc.)
3. Put napkin or bib in place.
4. Feed the patient the same order of food as you eat.
   a. soup
   b. salad
   c. main course
   d. dessert
5. Ask the patient if they want the drink during or after the meal.
6. Take the tray away as soon as the patient is through.
7. Wash the patient's hands, mouth, etc.
8. Assist the patient if he/she needs the bed pan, urinal, brush teeth, etc.

Special Notes

1. If a patient is paralyzed on one side, make sure you put the food on the "good" side of their mouth.
2. Keep the patient neat.
3. Check to see how much a patient has eaten. If they do not eat enough, tell the nurse.
4. Check to make sure a patient is given the right tray. Check the chart for diet orders.
5. Remember the patient is sick and may not be satisfied with food. The patient who hates the food also hates being sick and helpless.

Assignment

Make a chart of the steps you should follow when you feed someone. Be sure to include the steps before, during and after the meal.



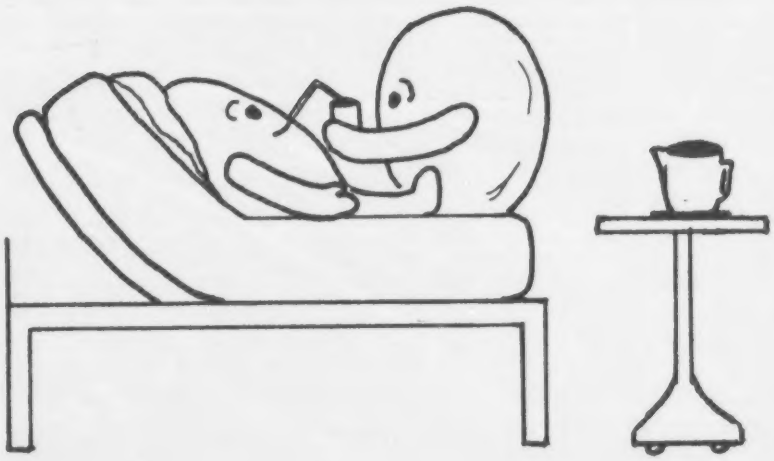
WORKSHEET B

1. Patty Crammer broke both of her wrists. She is at the point where she can grasp small objects between her thumb and first finger.

2. Kyle Vesper is an accident victim. He is paralyzed from the neck down.

3. Carlenna Mace has just been given the OK to have a liquid diet. She has been on an IV for 10 days and is very dizzy when she tries to sit up.

4. John Smith is a patient in the behavior ward. Most of the time his hands are restrained. At times he is calm and can feed himself, but he may throw food, so he is usually fed.



Name _____

Job Nurse Aide/Orderly

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Serves and feeds patient.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

RESPIRATORY THERAPIST

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. Code
Respiratory Therapist	079.361	07.0903

DUTIES

Treat people who have trouble breathing due to asthma, heart trouble, strokes, drowning or shock. They may be called if someone has head injuries or drug poisoning. Their work is important, because if people stop breathing for more than 3-5 minutes they will have brain damage, and if it is cut of for more than 9 minutes they will die.

They use machines such as respirators and breathing machines.

There are 3 levels of workers, therapist, technicians and assistants. Therapists need to know more, and may teach and supervise. Therapists also do test on people who are trying to get money for Black Lung Disability. Other than that technicians and therapists do about the same thing. Assistants do not work that much with patients but spend most of their time working on equipment.

WHERE EMPLOYED

Most work in hospitals. Others work for companies that rent oxygen equipment, ambulance services, or nursing homes. Home care is a new area.

EMPLOYMENT OUTLOOK

Good through the 1980's. The demand should grow fast due to the push for better health services in the country. Respiratory therapists/technicians could be called the up and coming profession for the 1980's.

EDUCATION AND TRAINING

High school graduation and special training which can last from 18 months to 4 years. You study anatomy, math, chemistry, microbiology. Technical programs teach procedures, equipment, and tests. To apply for certification for a Technician you need to complete a technician training program, 62 hours of college and 1 year of experience. (Registered Respiratory Therapist--RRT).

To apply for certification for a Technician you need to complete a technician training program and 1 year of experience. (Certified Respiratory Therapy Technician, CRTT).

SPECIAL QUALIFICATIONS

1. You should enjoy working with patients.
2. Be able to pay attention to detail, follow instruction and work with a team.
3. You should be able to use your hands and work with machines.

WAYS TO ENTER FIELD

See your job placement counselor when you complete your program. A practical nurse can become a respiratory therapist through on-the-job-training at a hospital under the supervision of a certified respiratory therapist. Fill out applications at local hospitals, nursing homes, etc. Watch newspaper ads.

CHANCE OF ADVANCEMENT

The more training you get, the better chance you have for advancement. You can make more money and be able to teach, or have supervisor responsibilities.

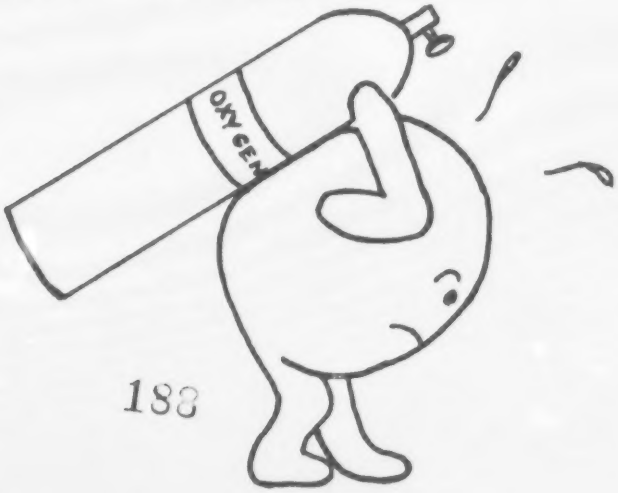
EARNINGS AND ADDITIONAL BENEFITS

The average starting salary in 1976 was $9,900.00 a year. The top salary was $17,600.00. Technicians make less. The Federal Government started therapists at $7,408.00 a year in 1977 with 1 year training. A therapist with 2 years training was started at $8,316.00. $4.00 to $4.25 is the starting salary you can expect in West Virginia.

Most workers get regular benefits such as vacation, sick leave and hospitalization. Some places pay for your parking, uniforms, and school.

WORKING CONDITIONS/LIFESTYLES

You will be working 40 hours a week, but you will be expected to work evenings, nights and/or weekends since hospitals have to have staff 24 hours a day.



HEALTH OCCUPATIONS

JOB TITLE — Respiratory Therapist

JOB COMPETENCY — Identify and explain how machines can help patients breathe.

LEARNING OBJECTIVES

1. Tell how much time Respiratory Therapist spend working with machines.
2. Tell how the IPPB machine works.
3. Tell how Draeger Resuscitation works.
4. Tell how tank respirator works.

LEARNING ACTIVITIES

1. Attend a talk by your teacher on air pressure.
2. Read Worksheet A "Bags and IPPB Machines".
3. Read Worksheet B "Tank Respirator".
4. Visit your local hospital and talk to a respiratory therapist. Find the answers to the following.
   a. How much time does a RT spend working with the machines?
   b. What happens if the power goes off?
   c. How long can a person live on a respirator.
5. Talk with your class about this statement--Respirators can keep you alive. Do you think there is a time when you should "pull the plug"?

EVALUATION

1. Match the machine with the characteristics listed below.
   A. Used with every machine.
   B. This would be a good machine to use if the power went off.
   C. Works like the bag/Draeger but is hooked to a power supply.
   D. This works on air pressure and vacuum.
2. Fill out the Student Attitude Sheet.

WORKSHEET A

BAGS AND IPPB MACHINES

If a patient stops breathing, he/she needs help in getting air into the lungs. You must give them help within three minutes or the brain cells will die from lack of oxygen.

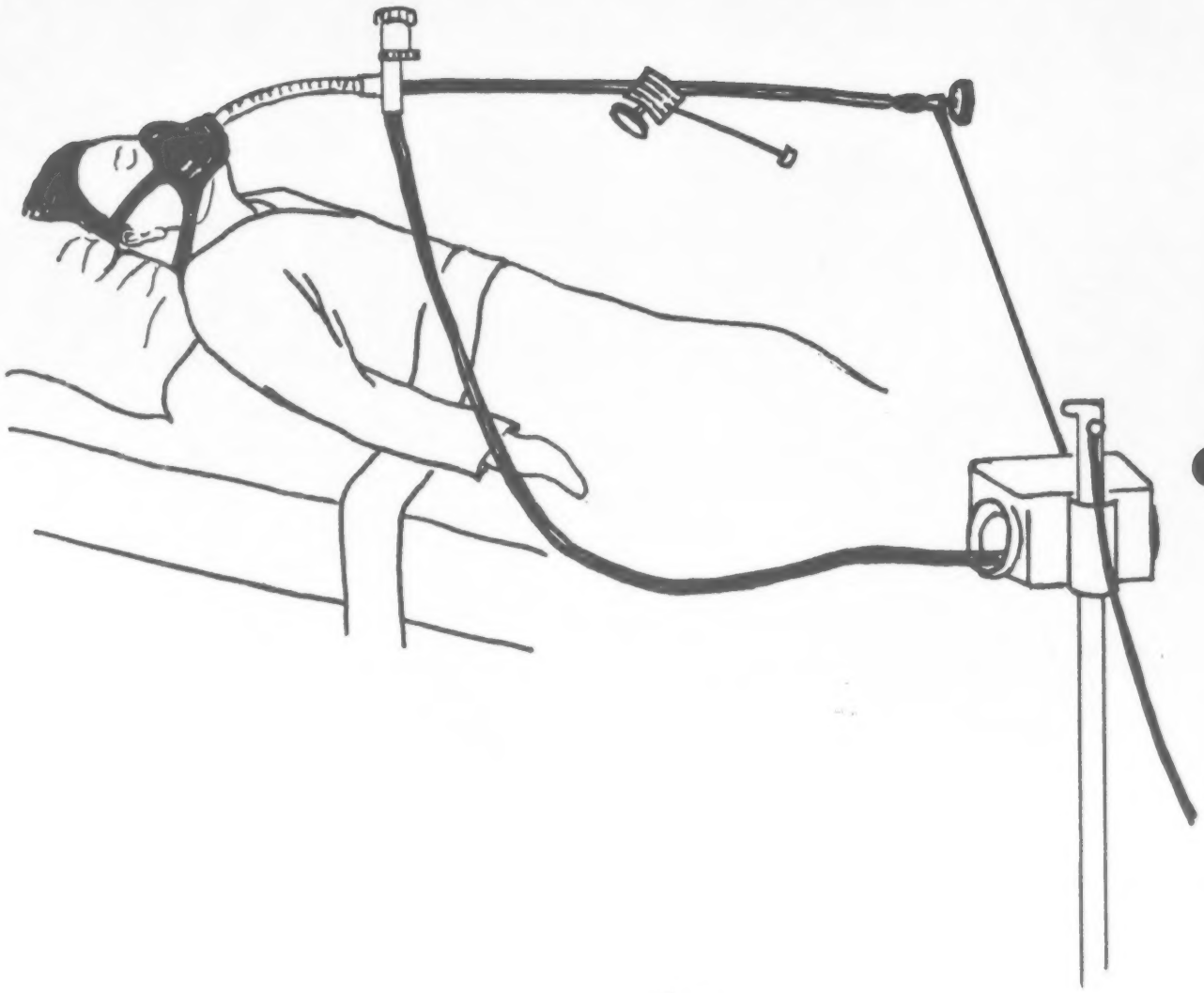
One method is using the Draeger respirator. This is also called the bag method.

The first thing done is an airway is put into the patient's mouth to keep the tongue up and out of the throat.

The mask is then put over the mouth and nose tight. The bag which is attached to the mask is then squeezed about 16 times a minute.

The IPPB machine works just about the same way. Air is forced through the mask into the lungs. Then the lungs shrink on their own forcing out the "bad air". You insert an airway into the victim's mouth, put on the mask and connect the machine to an air supply. With this machine, pressure gauges should be set before putting the mask on the patient. Do not forget that you have to

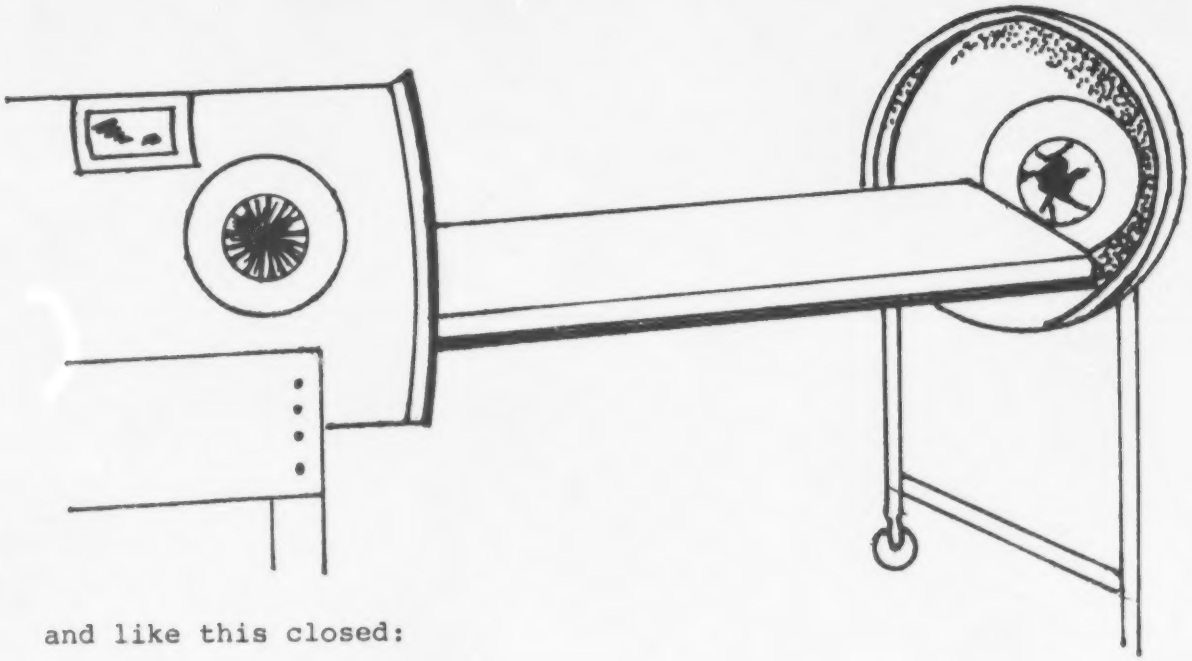
keep mouth-to-mouth breathing going while someone gets the machine ready.



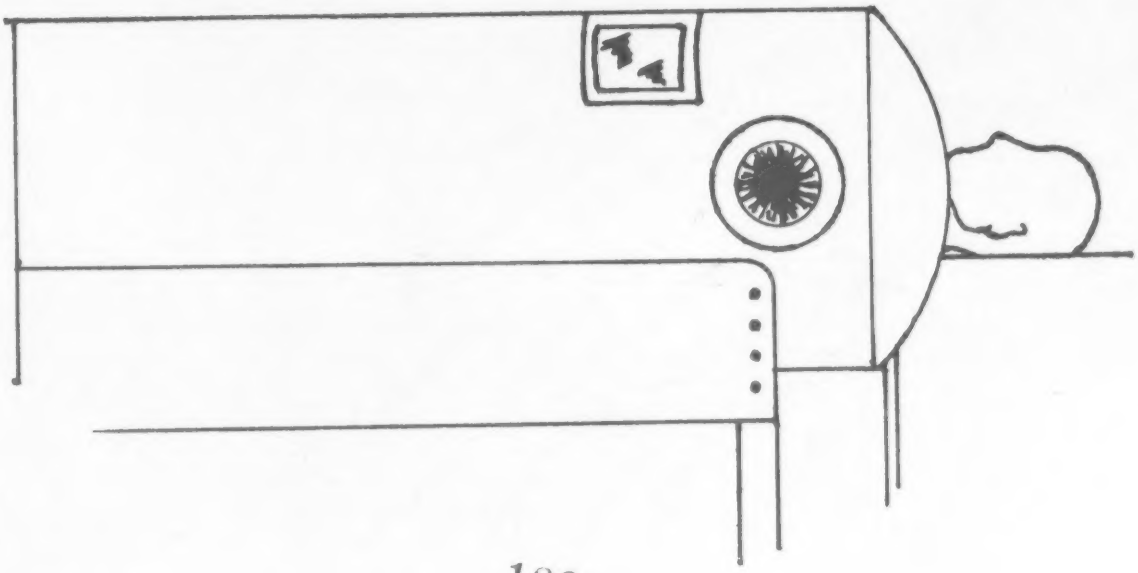
WORKSHEET B

TANK RESPIRATOR

The tank respirator looks like this open:

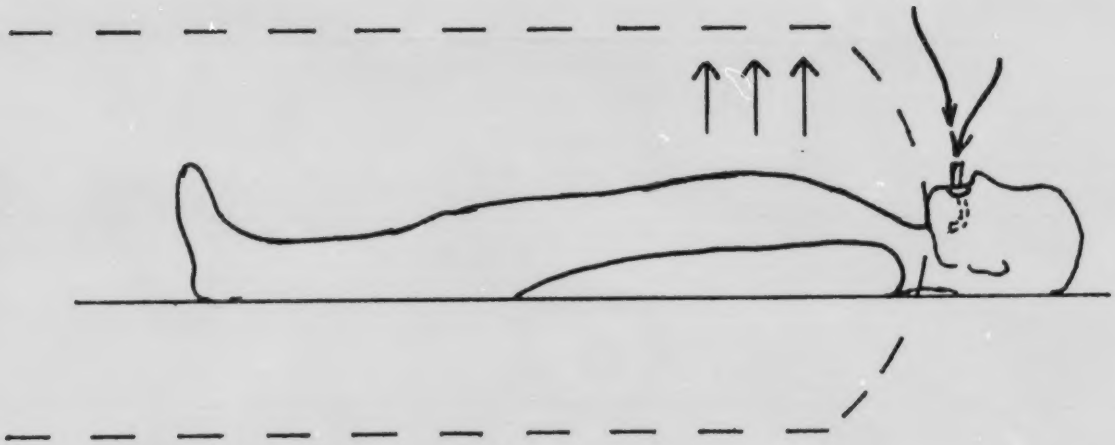


and like this closed:

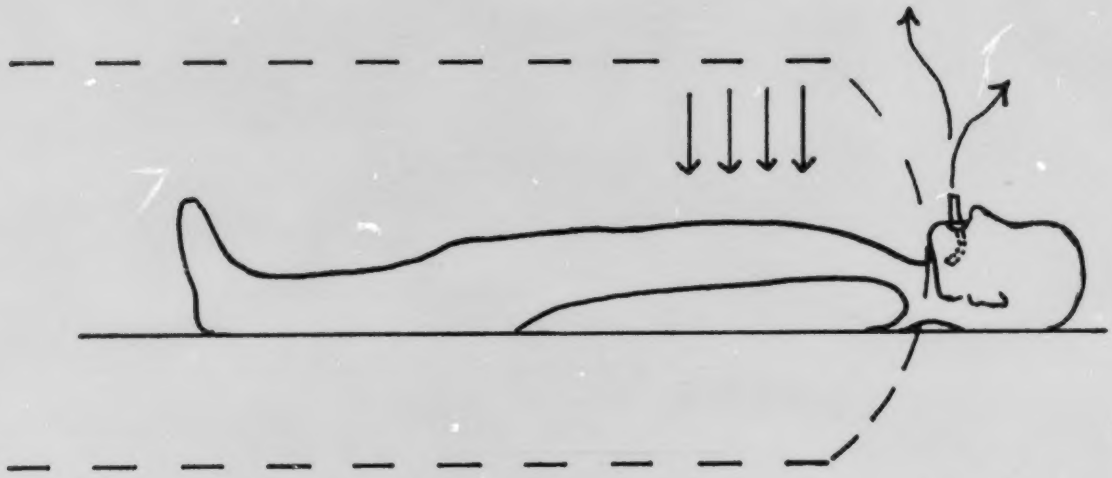


After the machine is turned on, an airway is put in the patient's mouth. The patient is put on the bed and his/her head is poked through an opening. The door is closed, and the collar is tightened around the neck to make the respirator air tight.

The machine works on pressure. During phase I the pressure in the tank is less than the normal air. This makes the chest expand which makes the lungs swell. This draws in air.



Then in phase II the air pressure is more and more until it is normal or more than normal. This presses on the lungs which makes the air come out.



This is repeated over and over. It keeps the patient breathing.

Name _____

Job Respiratory Therapist

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Identify and explain how machines can help patients breathe.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

HEALTH OCCUPATIONS

JOB TITLE Respiratory Therapist

JOB COMPETENCY Perform CPR

LEARNING OBJECTIVES

1. Identify when CPR is necessary.
2. Identify when CPR is dangerous.
3. Perform CPR.

LEARNING ACTIVITIES

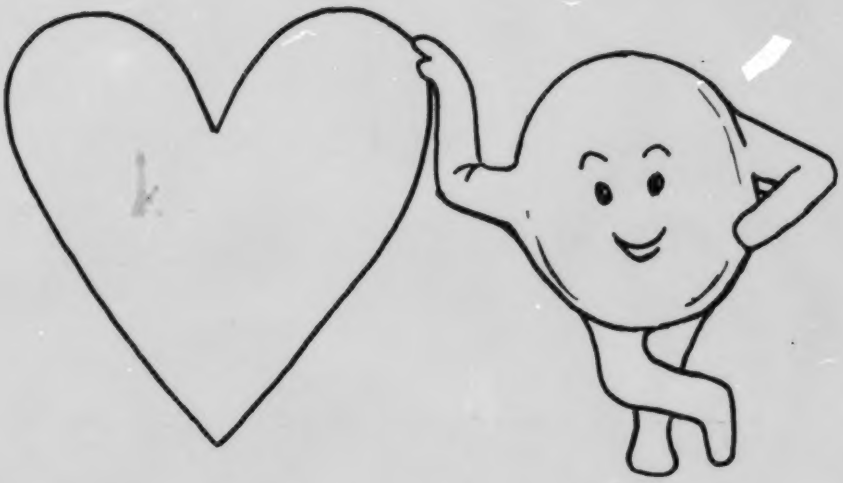
1. Call/visit the heart association and get all the information they may have on CPR.

2. Attend CPR training class.

EVALUATION

1. Pass a test on giving CPR.

2. Fill out Student Attitude Sheet.



Name _____

Job Respiratory Therapist

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Perform CPR					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done?

_____

_____

_____

LICENSED PRACTICAL NURSE

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. Code
Licensed Practical Nurse	079.378	07.0302

DUTIES

1. Takes and writes down temperature, blood pressure, pulse and respiration.
2. Cleans wounds.
3. Watches patients and tells doctor of any big change.
4. Gives medicine and notes time and amount in patient's chart.
5. Sets up and uses equipment such as oxygen tents, tubes, IV's etc.
6. Cleans equipment
7. Writes care plans.
8. Serves food trays and writes down how much the patient ate or drank.

WHERE EMPLOYED

1. hospitals
2. nursing homes
3. clinics
4. doctor's offices

EMPLOYMENT OUTLOOK

It is supposed to be very good through the mid 80's. There is a need for more LPN's as more people are demanding better health care.

EDUCATION & TRAINING

1. Must complete a program that is approved by board of nursing.
2. Pass written test.

SPECIAL QUALIFICATIONS

1. Care for people.
2. Be able to work with sick and hurt without getting upset.
3. Be able to follow orders.
4. Be able to stand on your feet for long periods of time.

WAYS TO ENTER FIELD

1. Your job placement counselor will help you after you finish your training.
2. Apply at local hospitals, doctor's offices or nursing homes.

CHANCE OF ADVANCEMENT

In order to advance, you will need more training. You may take inservice classes so you can work in areas such as intensive care units (ICU) or recovery rooms. You may also go to school part time to receive a degree in Nursing.

EARNINGS & BENEFITS

Average starting salary is about $9,100.00. Many hospitals give raises after certain times. Most LPNs receive paid holidays and vacations; health and retirement plans.

WORKING CONDITIONS & LIFESTYLES

Most LPNs work 40 hours a week. Most of this work is split into shifts such as 7:00 A.M. to 3:00 P.M.; 3:00 P.M. to 11:00 P.M.; and 11:00 P.M. to 7:00 A.M. You will also be expected to work weekends and holidays.

HEALTH OCCUPATIONS

JOB TITLE — Licensed Practical Nurse (LPN)

JOB COMPETENCY — Observe patient and write down what you see in nurse's notes.

LEARNING OBJECTIVES

1. Record notes correctly in patient's charts.
2. Notice patient's needs and tell if they are being met.

LEARNING ACTIVITIES

1. Read Worksheet A "Nurses' Notes".

2. Pretend you are a patient. Write down
   a. what is wrong with you.
   b. the type of care you want.
   c. the type of care you have.

   Another student will act as an LPN and you will talk with him/her and give them what they need to fill out their nurses' notes.

3. Act as an LPN and fill out nurses' notes. A student will act as the patient.

EVALUATION

1. Fill out nurses' notes for your teacher. He or she will act as a patient.

2. Fill out the Student Attitude Sheet.

EVALUATION

Band Aid General Hospital
Charleston, W. Va.

DATE AND TIME	MEDICATION AND DIET	NOTES

NURSES' NOTES
03-10-038

WORKSHEET A

NURSES' NOTES

As an LPN you will be asked to chart lots of things on a patient's chart. The chart is a legal document. You may have to write down vital signs, food, complaints, pain etc. How much of the day-to-day care you will write down will depend on the hospital where you work.

On the next page you will find a sample of the nurses' notes. Look at the form as you read.

A. The patient's name, room number and doctor is to be written in the space.

B. Date and Time When you write the date and time, be sure you tell the time as a.m. (12:00 midnight to 12:00 noon) or p.m. (12:00 noon to 12:00 midnight).

C. Diet and Medication - Write down what they ate, and then in the notes, tell if they ate well, or if they had any trouble eating. When you write in the medicine, list the amount and kind of medicine and then in the notes list how they took the medicine (by mouth, shot, I.V. etc.).

D. In this part, write down any complaints the patient may have, any treatments given or any other problems the patient may have had.

SOME THINGS TO REMEMBER

1. Any thing that is not "normal" should always be charted.

2. Print or write very neatly.

3. If you make a mistake DO NOT ERASE. If you should make a mistake, draw one line through it and print "error" beside it, and write your initials.

4. If you have more than one page of nurse's notes, the oldest ones should go to the back. The blank page should always be put on top. This way, you can tell at a glance, what the latest treatments have been.

Band Aid General Hospital
Charleston, W. Va.

Cook, Mitch A
Rm. 319
Dr. I. M. Sick

B DATE AND TIME	C MEDICATION AND DIET	D NOTES
3:00 PM 4-3-80		COMPLAINED OF BEING BORED GIVEN BOOK TO READ
5:00 PM 4-3-80	JELLO CHICKEN BROTH	ATE ALL OF FOOD
8:30 PM 4-3-80	DARVON 65 mg	P.O. ORDERED by DOCTOR I.M. SICK
7:30 AM 4-4-80	TOAST (DRY) TEA	Refused to EAT.

NURSES' NOTES
03-10-038

Name _____

Job Licensed Practical Nurse (LPN)

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Observe patient and write down what you see in nurse's notes.					

	YES	NO
Do you know now that there are jobs which use these skills?		
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Licensed Practical Nurse

JOB COMPETENCY — Write nursing care plans.

LEARNING OBJECTIVES

1. Identify physical needs of the patient.
2. Identify emotional needs of the patient.
3. Tell how to meet the physical/emotional needs of the patient.
4. Fill out care plan correctly.

LEARNING ACTIVITIES

1. Make a list of everything you need during one day. Share it with your class. Put in things like food, hygiene, friends, etc. Be specific.

2. Read Worksheet A "Patient Needs".

3. Write down how you meet each need you listed in Learning Activity 2. Share it with your class.

4. Read and complete Worksheet B "Admission History".

5. Read and complete Worksheet C "Writing Care Plans".

EVALUATION

1. Complete a nurse's admission history and write a care plan for your teacher. The forms are on the next page.

2. Fill out the Student Attitude Sheet.

Band Aid General Hospital

EVALUATION

NURSING ADMISSION HISTORY

How arrived:
_____Ambulatory
_____Wheelchair
_____Stretcher

From where:
_____Home
_____Doctor's Office
_____Nursing Home
_____Another Hospital
_____Other

Orders with patient _____
Was Doctor notified of admission _____
Height _____ Weight _____
BP _____ Temp. _____ Pulse _____ Resp._____
Information obtained from: Patient _____
Other (Relationship) _____

General Appearance: _____

Current Illness: Why were you admitted to the Hospital? _____

How long have you had this illness? _____
Do you have any difficulty other than present illness? _____ If so, what? _____

Last hospitalization: Where? _____ When? _____
Why? _____
Present diet? _____
Do you have any difficulty with Bowel or Urine elimination? _____
If so, what? _____

What Allergies do you have?

ALLERGEN	REACTION	ALLERGEN	REACTION	ALLERGEN	REACTION
1.		3.		5.	
2.		4.		6.	

What Medications are you presently taking?

MEDICATION	DOSAGE	FREQUENCY	MEDICATION	DOSAGE	FREQUENCY
1.			5.		
2.			6.		
3.			7.		
4.			8.		

What Medications have you taken today? Last dose? _____

Medications sent: _____ Home _____To Pharmacy _____ Did not bring to hospital

Personal Belongings:
Glasses ____ Contact Lens: R____ L____ Dentures: U____ L____ Hearing Aid ____ Cane ____ Braces _

Original: 1980

NURSING ADMISSION HISTORY

03-19-037

Other Prosthesis _____

Social Information:

Whom can we contact in case of necessity?

NAME	RELATIONSHIP	TELEPHONE
1.		
2.		

Are you anticipating any problems with Home Care after discharge? _____

Do you want your Church notified? _____ Name _____

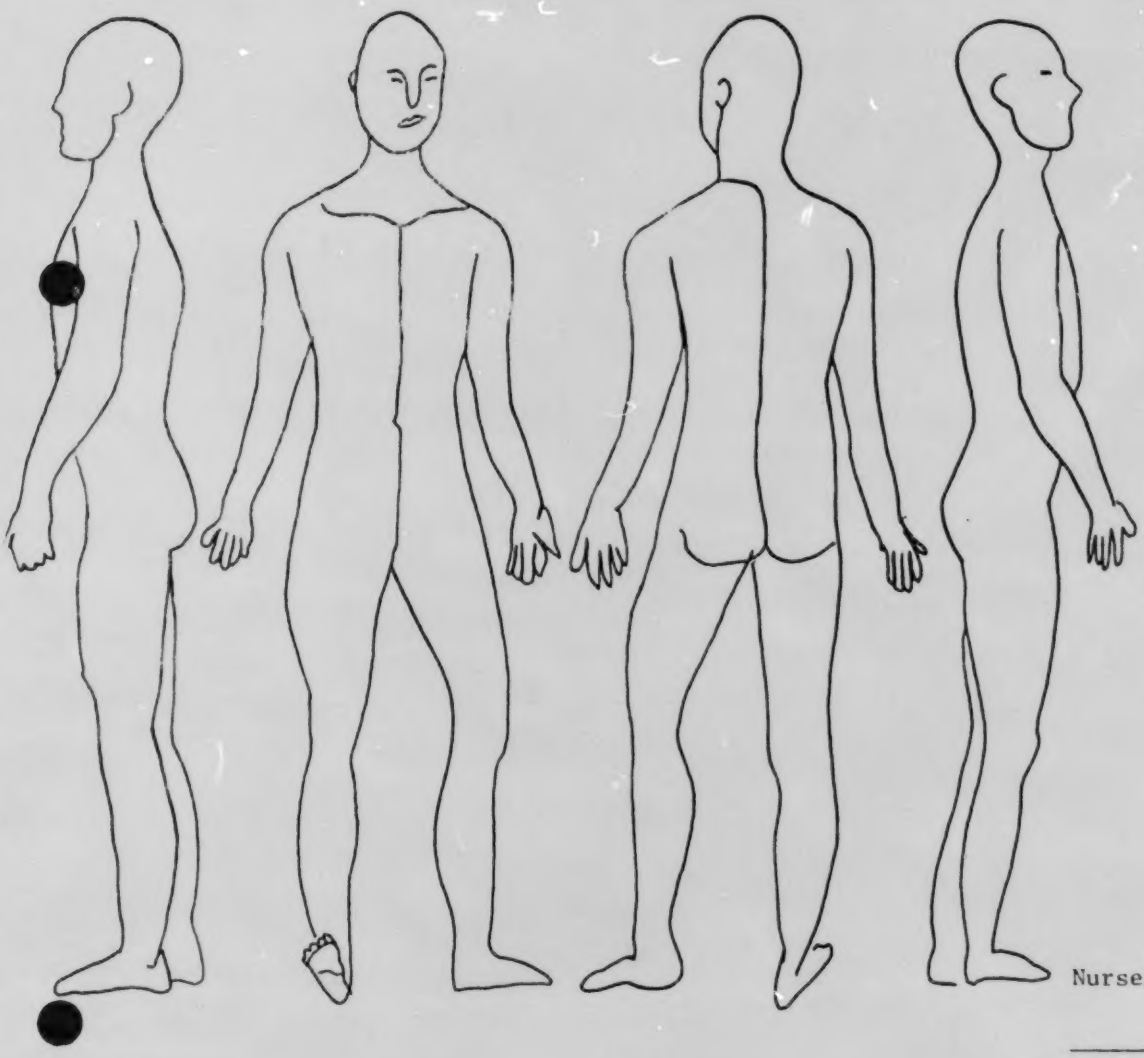
Nurses Impression:

In your judgement which words best describe this patient?

Alert _____	Critical _____	Hyperactive _____
Anxious _____	Depressed _____	Lethargic _____
Cooperative _____	Disoriented _____	Unable to Comprehend _____

DIAGRAMMING CODE:

Amputation - A
Burn - B
Contusion - C
Decubitus - D
Erythema - E
Laceration - L
Petechiae - P
Rash - R
Scar - S



Nurses Signature: _____

RN Assessing Patient: _____

WORKSHEET A

PATIENT NEEDS

Just because people are put in a hospital, their every day needs do not stop. They still need to have food, clothes, and be as happy as they can. The first step in writing care plans is to know what those needs are.

Take the list you made for Learning Activity 1 and check off the things you would not need if you went in the hospital. Nine chances out of ten, your list did not shrink much. Think about the list your classmates wrote. More than likely, their lists were a little bit different than yours. That is because different people have different needs.

As an LPN, you should know that all of your patients will share many of the same needs, but will also need some different things too.

Below is a list of some of the shared needs your patients will have. You will know later, when you are working how the same needs are different, from patient to patient.

Medical Needs - You will be told what these needs are. The treatment you follow will be given to you by the doctor.

Food Needs - All of your patients will have to eat. You should know what, if any, diet they are on so they will not eat the wrong food. You will learn what food they like or do not like. You will have patients who don't want to eat and you may have to try to get them to do so. You will even have patients who can not eat, but get their food through an IV.

Friends, Family and Support - Everyone needs to feel they are wanted and cared for. That is why we have friends and family. A patient in the hospital will be alone at times, may even be scared. As an LPN, you will be called on to give the patient some of the support and attention he/she needs.

Sleep Habits - Most people who are sick, need to get a lot of rest. You will meet people who sleep best in the evening, or during the day. You need to know this so you can recognize any problems the patient may have in trying to sleep.

Fun Times - Patients who stay in the hospital for a period of time will get bored. If you know some of the things they like to do, you can help make it possible for the stay to be "not-so-boring".

EVALUATION

PERTINENT DATA:

ACTIVITIES	HYGIENE	FEEDING	PHYSICAL TRAITS	ALLERGIES (IN RED):
☐ BED REST	☐ BED BATH	☐ SELF	☐ LEFT HANDED	IF NONE, SO STATE
☐ BRP	☐ PARTIAL BATH	☐ PREPARE FOOD	☐ RIGHT HANDED	
☐ DANGLE	☐ SELF BATH	☐ ASSIST	☐ PARAPLEGIC	
☐ CHAIR	☐ SHOWER		☐ HEMIPL. L R	
☐ WHEEL CHAIR	☐ TUB		☐ BLIND L R	
☐ WALKER	☐ DENTURES		☐ DEAF L R	MISCELLANEOUS
☐ UP AD LIB	☐ ORAL CARE		☐ SPEECH IMPEDMENT	
☐ TURN Q H	☐ BACK CARE		☐ OTHER (SPECIFY):	
BOWEL/BLADDER	**FLUIDS**	**DIET**		
☐ CATHETER	☐ I & O ☐ NPO	☐ NPO		
☐ COMMODE	☐ I/V	☐ REGULAR		
☐ INCONTINENT	☐ RESTRICT TO:	☐ SOFT/BLAND	**SIDE RAILS**	
☐ COLOSTOMY		☐ LIQUID	☐ CONSTANT	
☐ BRP	☐ INCREASE TO:	☐ DIABETIC	☐ NIGHT ONLY	
☐ CLINITEST		☐ OTHER (SPECIFY):	☐ RELEASE	

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DATE:

LONG RANGE GOAL

PATIENT NEEDS/PROBLEMS/CONCERNS (and short term goal/objective/outcome)	NURSING APPROACHES/ACTIONS/TEACHING PLANS

S M W D RELIGION OCCUPATION AGE

SURGERY ADMISSION DATE

DIAGNOSIS

ROOM PATIENT DOCTOR

WORKSHEET B

ADMISSION HISTORY

Before you can write a care plan, you need to take the patient's history. Every hospital form will be different, but they will have the same information.

Look at the form on the next page as you read.

A. In this section, you will note how the patient got to the hospital, where they came from, vital signs, and who gave you the information.

B. Note here why the patient came to the hospital, brief medical history, diet and problems.

C. List any allergies the patient has and what kind of reaction they get.

D. This section is important. List all of the medicine they are now taking, how much and how often. Find out what they have taken today so you can make sure they get what they need. Patients have to get their drugs from the hospital pharmacy, so make sure you note what happened to any pills they brought with them.

E. List any personal items they brought with them, (glasses, wooden legs, etc.)

F. Get the names of two people the hospital could contact in case of an emergency.

G. In this section note any problems the patient may have once they leave the hospital. You can contact a social worker if needed. Many people want a visit from their priest or minister. You may be the one to contact them.

H. You will make a judgement as to the persons mental state. This will be important in your care plan.

I. On the drawings mark any amputations, burns, cuts, rashes or scars on the body.

Following this sheet, there are two blank forms. Ask two people to pretend they are patients and fill in the forms.

Band Aid General Hospital

NURSING ADMISSION HISTORY

How Arrived:
_____Ambulatory
_____Wheelchair
_____Stretcher

From where:
_____Home
_____Doctor's Office
_____Nursing Home
_____Another Hospital
_____Other

Orders with patient _____
Was Doctor notified of admission _____
Height _____ Weight _____
BP _____ Temp. _____ Pulse _____ Resp. _____
Information obtained from: Patient _____
Other (Relationship) _____

A

General Appearance: _____

Current Illness: Why were you admitted to the Hospital? _____

B

How long have you had this illness? _____
Do you have any difficulty other than present illness? _____ If so, what? _____

Last hospitalization: Where? _____ When? _____
Why? _____
Present diet? _____
Do you have any difficulty with Bowel or Urine elimination? _____
If so, what? _____

What Allergies do you have?

ALLERGEN	REACTION	ALLERGEN	REACTION	ALLERGEN	REACTION
1.		3.		5.	
2.		4.		6.	

C

What Medications are you presently taking?

MEDICATION	DOSAGE	FREQUENCY	MEDICATION	DOSAGE	FREQUENCY
1.			5.		
2.			6.		
3.			7.		
4.			8.		

D

What Medications have you taken today? Last dose? _____

Medications sent: _____ Home _____ To Pharmacy _____ Did not bring to hospital

Personal Belongings:
Glasses ____ Contact Lens: R____ L____ Dentures: U____ L____ Hearing Aid ____ Cane ____ Braces ____

Original: 1980

E

NURSING ADMISSION HISTORY
03-19-037

Other Prosthesis _____

Social Information:

Whom can we contact in case of necessity?

NAME	RELATIONSHIP	TELEPHONE
1.		
2.		

F

Are you anticipating any problems with Home Care after discharge? _____

Do you want your Church notified? _____ Name _____

G

Nurses Impression:

In your judgement which words best describe this patient?

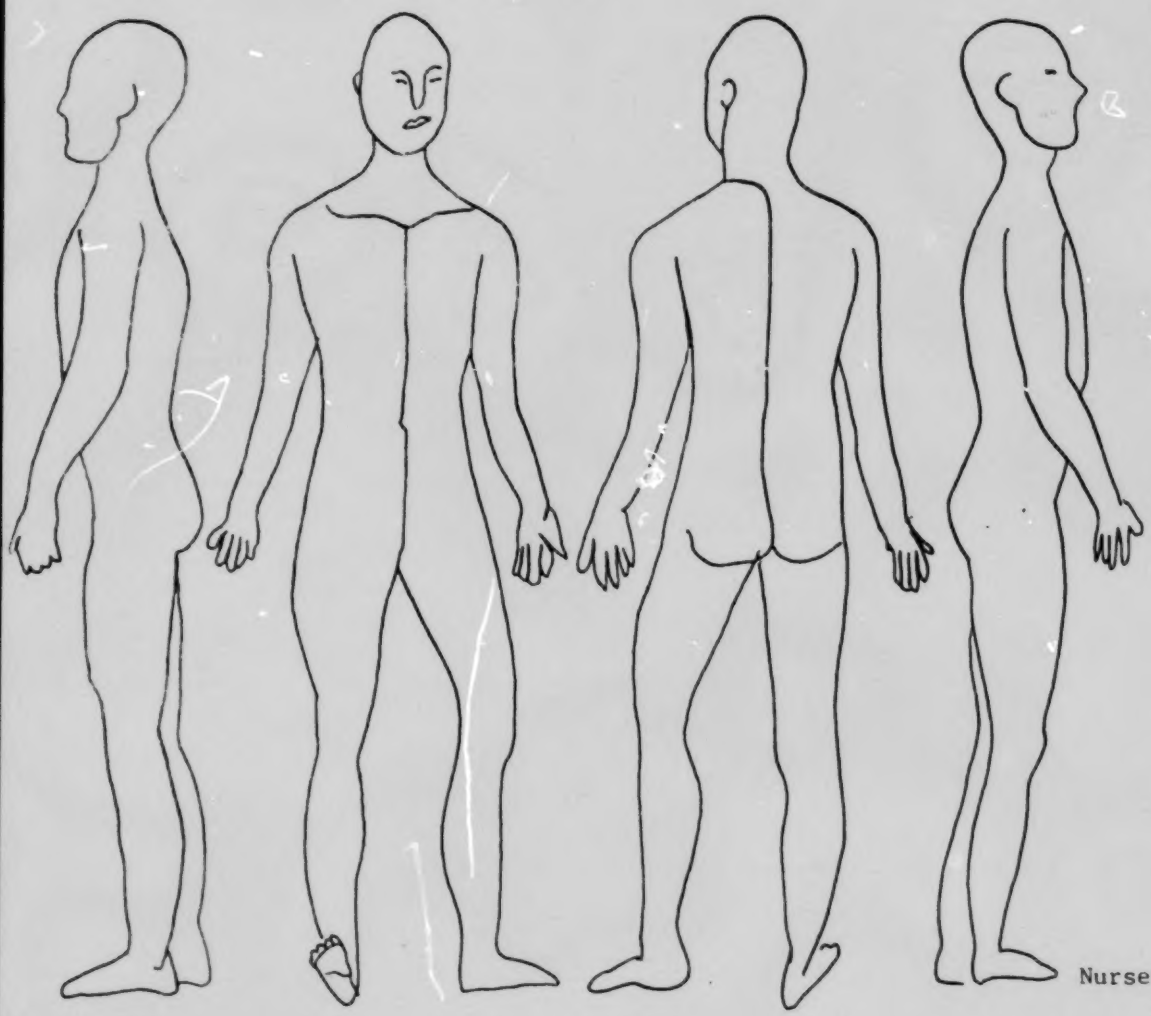
Alert _____	Critical _____	Hyperactive _____
Anxious _____	Depressed _____	Lethargic _____
Cooperative _____	Disoriented _____	Unable to Comprehend _____

H

I

DIAGRAMMING CODE:

Amputation - A
Burn - B
Contusion - C
Decubitus - D
Erythema - E
Laceration - L
Petechiae - P
Rash - R
Scar - S



Nurses Signature:

_____

RN Assessing Patient:

_____

Band Aid General Hospital

NURSING ADMISSION HISTORY

How arrived:
_____Ambulatory
_____Wheelchair
_____Stretcher

From where:
_____Home
_____Doctor's Office
_____Nursing Home
_____Another Hospital
_____Other

Orders with patient _____
Was Doctor notified of admission _____
Height _____ Weight _____
BP _____ Temp. _____ Pulse _____ Resp._____
Information obtained from: Patient _____
Other (Relationship) _____

General Appearance: _____

Current Illness: Why were you admitted to the Hospital? _____

How long have you had this illness? _____
Do you have any difficulty other than present illness? _____ If so, what? _____

Last hospitalization: Where? _____ When? _____
Why? _____
Present diet? _____
Do you have any difficulty with Bowel or Urine elimination? _____
If so, what? _____

What Allergies do you have?

ALLERGEN	REACTION	ALLERGEN	REACTION	ALLERGEN	REACTION
1.		3.		5.	
2.		4.		6.	

What Medications are you presently taking?

MEDICATION	DOSAGE	FREQUENCY	MEDICATION	DOSAGE	FREQUENCY
1.			5.		
2.			6.		
3.			7.		
4.			8.		

What Medications have you taken today? Last dose? _____

Medications sent: _____ Home _____To Pharmacy _____ Did not bring to hospital

Personal Belongings:
Glasses ____ Contact Lens: R____ L____ Dentures: U____ L____ Hearing Aid ____ Cane ____ Braces _

Original: 1980

NURSING ADMISSION HISTORY
03-19-037

Other Prosthesis _____

Social Information:

Whom can we contact in case of necessity?

NAME	RELATIONSHIP	TELEPHONE
1.		
2.		

Are you anticipating any problems with Home Care after discharge? _____

Do you want your Church notified? _____ Name _____

Nurses Impression:

In your judgement which words best describe this patient?

Alert _____	Critical _____	Hyperactive _____
Anxious _____	Depressed _____	Lethargic _____
Cooperative _____	Disoriented _____	Unable to Comprehend _____

DIAGRAMMING CODE:

Amputation - A
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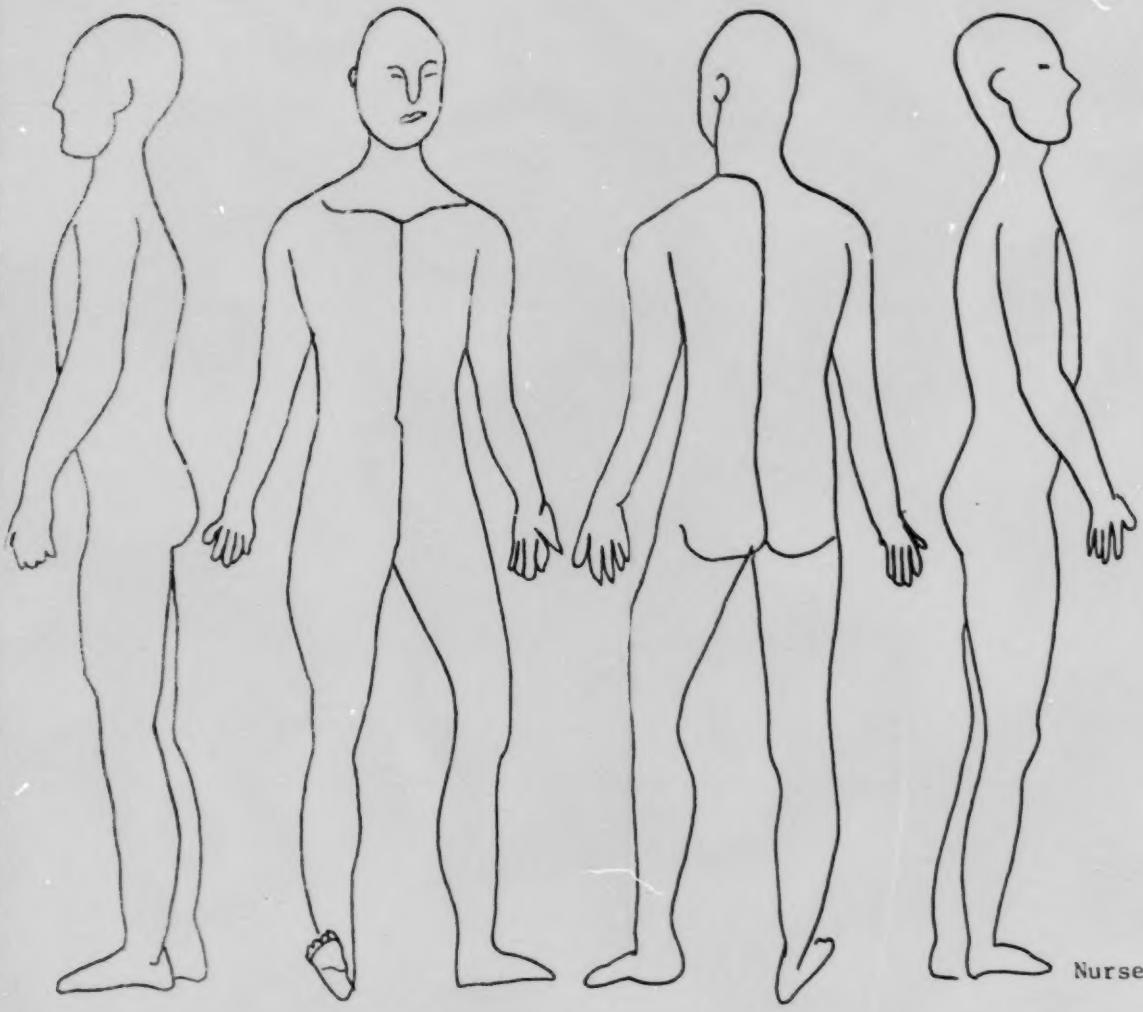
Rash - R
Scar - S



Nurses Signature: _____

RN Assessing Patient: _____

Band Aid General Hospital

NURSING ADMISSION HISTORY

How arrived:
_____Ambulatory
_____Wheelchair
_____Stretcher

From where:
_____Home
_____Doctor's Office
_____Nursing Home
_____Another Hospital
_____Other

Orders with patient _____
Was Doctor notified of admission _____
Height _____ Weight _____
BP _____ Temp. _____ Pulse _____ Resp._____
Information obtained from: Patient _____
Other (Relationship) _____

General Appearance: _____

Current Illness: Why were you admitted to the Hospital? _____

How long have you had this illness? _____
Do you have any difficulty other than present illness? _____ If so, what? _____

Last hospitalization: Where? _____ When? _____
Why? _____
Present diet? _____
Do you have any difficulty with Bowel or Urine elimination? _____
If so, what? _____

What Allergies do you have?

ALLERGEN	REACTION	ALLERGEN	REACTION	ALLERGEN	REACTION
1.		3.		5.	
2.		4.		6.	

What Medications are you presently taking?

MEDICATION	DOSAGE	FREQUENCY	MEDICATION	DOSAGE	FREQUENCY
1.			5.		
2.			6.		
3.			7.		
4.			8.		

What Medications have you taken today? Last dose? _____

Medications sent: _____ Home _____To Pharmacy _____ Did not bring to hospital

Personal Belongings:
Glasses ____ Contact Lens: R____ L____ Dentures: U____ L____ Hearing Aid ____ Cane ____ Braces _

Original: 1980

NURSING ADMISSION HISTORY

03-19-037

Other Prosthesis _____

Social Information:

Whom can we contact in case of necessity?

NAME	RELATIONSHIP	TELEPHONE
1.		
2.		

Are you anticipating any problems with Home Care after discharge? _____

Do you want your Church notified? _____ Name _____

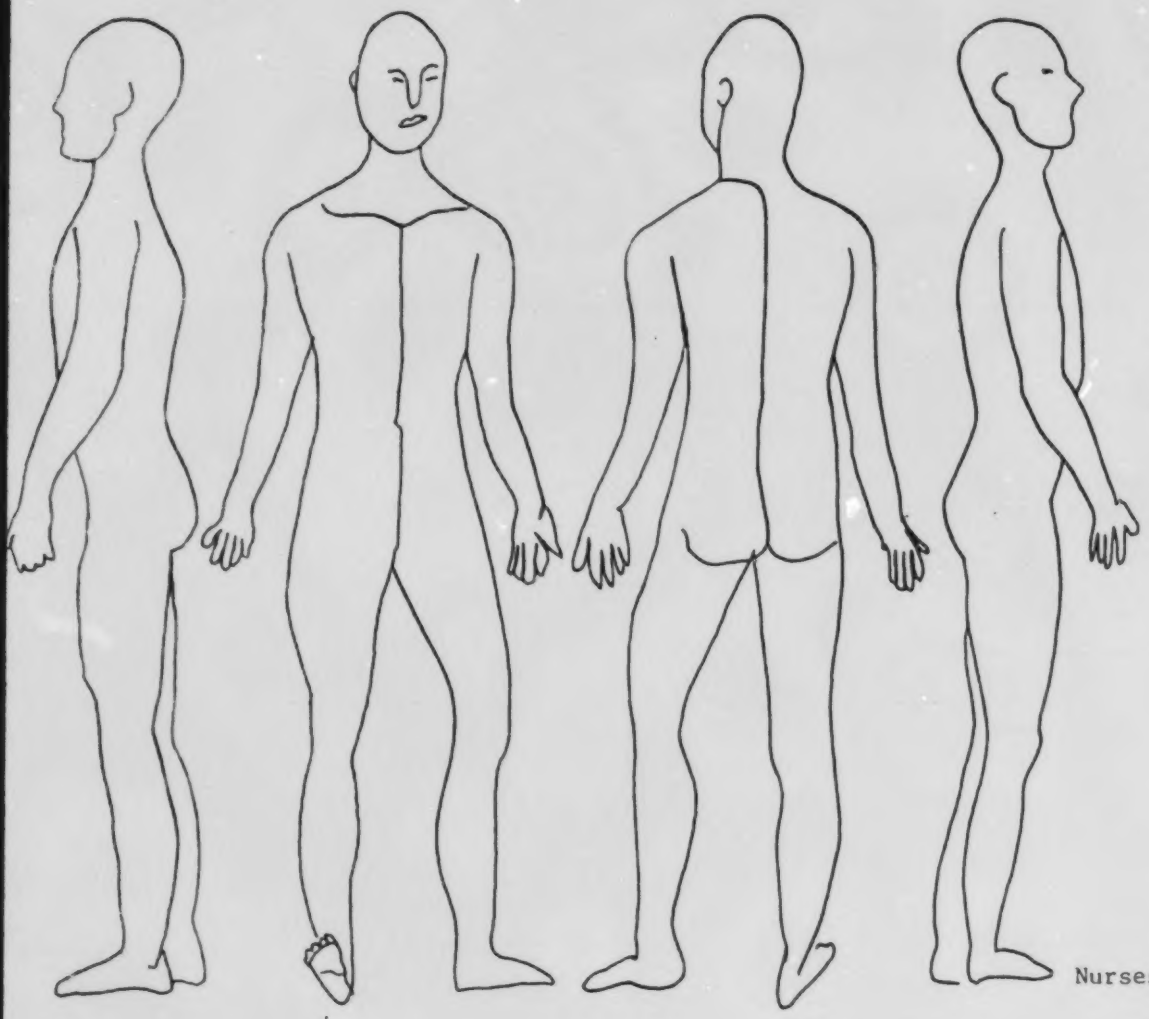
Nurses Impression:

In your judgement which words best describe this patient?

Alert _____	Critical _____	Hyperactive _____
Anxious _____	Depressed _____	Lethargic _____
Cooperative _____	Disoriented _____	Unable to Comprehend _____

DIAGRAMMING CODE:

Amputation - A
Burn - B
Contusion - C
Decubitus - D
Erythema - E
Laceration - L
Petechiae - P
Rash - R
Scar - S



Nurses Signature: _____

RN Assessing Patient: _____

WORKSHEET C

WRITING CARE PLANS

After you take the admissions history, study it carefully. It will help you set goals for the patient. Make sure your plan can change as the patient changes. A patient has different needs, for example, before and after an operation.

On the next page is a sample care plan. Look at it as you read below.

A. This section will tell you why the patient is in the hospital.

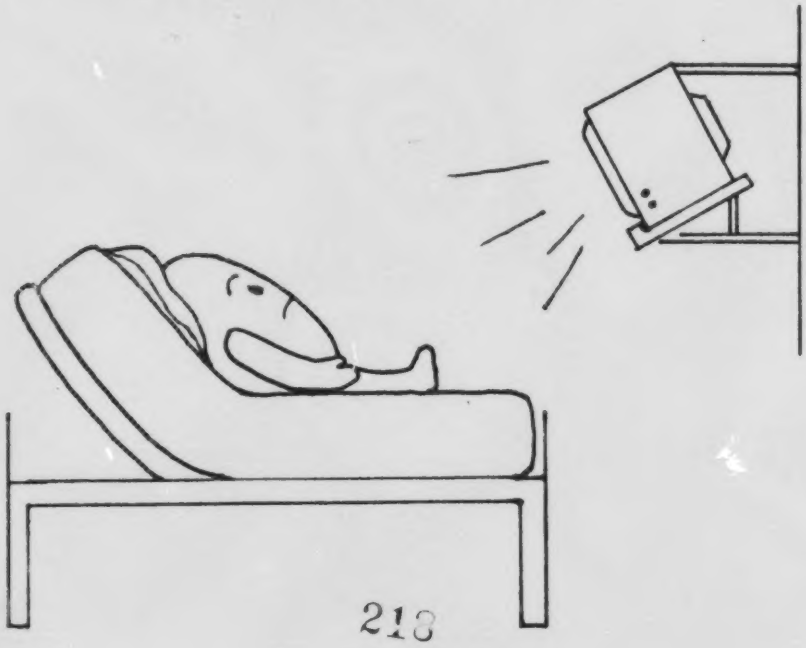
B. Check off any of the items in each section that the patient may need.

C. In this section list on one side any problems a patient may have and on the other side, write what was or will be done to help. This section might include boredom, pain, not able to sleep etc.

D. This section is information you can get from the doctor.

Take the two histories you did in Worksheet B and write care plans for them. Tell the class how you did yours and listen as they discuss their care plans. Feel free to add anything you feel may have been left out.

On the back of the care plan, there is a place to mark the date and type of treatment. You should be aware of this even though it is not your responsibility to fill it out.



LPN 21

PERTINENT DATA: A

ACTIVITIES	HYGIENE	FEEDING	PHYSICAL TRAITS	ALLERGIES (IN RED):
☐ BED REST	☐ BED BATH	☐ SELF	☐ LEFT HANDED	IF NONE, SO STATE
☐ BRP	☐ PARTIAL BATH	☐ PREPARE FOOD	☐ RIGHT HANDED	
☐ DANGLE	☐ SELF BATH	☐ ASSIST	☐ PARAPLEGIC	
☐ CHAIR	☐ SHOWER		☐ HEMIPL. L ___ R ___	
☐ WHEEL CHAIR	☐ TUB	B	☐ BLIND L ___ R ___	
☐ WALKER	☐ DENTURES		☐ DEAF L ___ R ___	MISCELLANEOUS
☐ UP AD LIB.	☐ ORAL CARE		☐ SPEECH IMPEDMENT	
☐ TURN Q ___ H	☐ BACK CARE		☐ OTHER (SPECIFY):	
BOWEL/BLADDER	**FLUIDS**	**DIET**		
☐ CATHETER	☐ I & O ☐ NPO	☐ NPO		
☐ COMMODE	☐ I/V	☐ REGULAR		
☐ INCONTINENT	☐ RESTRICT TO:	☐ SOFT/BLAND	**SIDE RAILS**	
☐ COLOSTOMY		☐ LIQUID	☐ CONSTANT	
☐ BRP	☐ INCREASE TO:	☐ DIABETIC	☐ NIGHT ONLY	
☐ CLINITEST		☐ OTHER (SPECIFY):	☐ RELEASE	

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DATE:

LONG RANGE GOAL:

C

PATIENT NEEDS/PROBLEMS/CONCERNS (and short term goal/objective/outcome)	NURSING APPROACHES/ACTIONS/TEACHING PLANS

D

S M W D RELIGION OCCUPATION AGE

SURGERY ADMISSION DATE

DIAGNOSIS

ROOM PATIENT DOCTOR

P.O. Box 145
Pacific Palisades, CA 90272
(213) 454-9491

BACK OF CARE PLAN

DATE	TREATMENTS	MISCELLANEOUS

PERTINENT DATA:

ACTIVITIES	HYGIENE	FEEDING	PHYSICAL TRAITS	ALLERGIES (IN RED): IF NONE, SO STATE
☐ BED REST	☐ BED BATH	☐ SELF	☐ LEFT HANDED	
☐ BRP	☐ PARTIAL BATH	☐ PREPARE FOOD	☐ RIGHT HANDED	
☐ DANGLE	☐ SELF BATH	☐ ASSIST	☐ PARAPLEGIC	
☐ CHAIR	☐ SHOWER		☐ HEMIPL. L R	
☐ WHEEL CHAIR	☐ TUB		☐ BLIND L R	
☐ WALKER	☐ DENTURES		☐ DEAF L R	MISCELLANEOUS
☐ UP AD LIB	☐ ORAL CARE		☐ SPEECH IMPEDMENT	
☐ TURN Q H	☐ BACK CARE		☐ OTHER (SPECIFY):	
BOWEL/BLADDER	**FLUIDS**	**DIET**		
☐ CATHETER	☐ I & O ☐ NPO	☐ NPO		
☐ COMMODE	☐ I/V	☐ REGULAR		
☐ INCONTINENT	☐ RESTRICT TO:	☐ SOFT/BLAND	**SIDE RAILS**	
☐ COLOSTOMY		☐ LIQUID	☐ CONSTANT	
☐ BRP	☐ INCREASE TO:	☐ DIABETIC	☐ NIGHT ONLY	
☐ CLINITEST		☐ OTHER (SPECIFY):	☐ RELEASE	

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DATE:

LONG RANGE GOAL

PATIENT NEEDS/PROBLEMS/CONCERNS (and short term goal/objective/outcome)	NURSING APPROACHES/ACTIONS/TEACHING PLANS

221

S M W D RELIGION OCCUPATION AGE

SURGERY ADMISSION DATE

DIAGNOSIS

ROOM PATIENT DOCTOR

PERTINENT DATA:

ACTIVITIES	HYGIENE	FEEDING	PHYSICAL TRAITS	ALLERGIES (IN RED): IF NONE, SO STATE
☐ BED REST ☐ BRP ☐ DANGLE ☐ CHAIR ☐ WHEEL CHAIR ☐ WALKER ☐ UP AD LIB ☐ TURN Q ___H	☐ BED BATH ☐ PARTIAL BATH ☐ SELF BATH ☐ SHOWER ☐ TUB ☐ DENTURES ☐ ORAL CARE ☐ BACK CARE	☐ SELF ☐ PREPARE FOOD ☐ ASSIST	☐ LEFT HANDED ☐ RIGHT HANDED ☐ PARAPLEGIC ☐ HEMIPL. L___ R___ ☐ BLIND L___ R___ ☐ DEAF L___ R___ ☐ SPEECH IMPEDMENT ☐ OTHER (SPECIFY):	MISCELLANEOUS
BOWEL/BLADDER ☐ CATHETER ☐ COMMODE ☐ INCONTINENT ☐ COLOSTOMY ☐ BRP ☐ CLINITEST	**FLUIDS** ☐ I & O ☐ NPO ☐ I/V ☐ RESTRICT TO: ☐ INCREASE TO:	**DIET** ☐ NPO ☐ REGULAR ☐ SOFT/BLAND ☐ LIQUID ☐ DIABETIC ☐ OTHER (SPECIFY):	**SIDE RAILS** ☐ CONSTANT ☐ NIGHT ONLY ☐ RELEASE	

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DATE:

LONG RANGE GOAL:

PATIENT NEEDS/PROBLEMS/CONCERNS (and short-term goal/objective/outcome)	NURSING APPROACHES/ACTIONS/TEACHING PLANS

S M W D RELIGION OCCUPATION AGE

SURGERY ADMISSION DATE

DIAGNOSIS

ROOM PATIENT DOCTOR

Name _____

Job Licensed Practical Nurse

STUDENT ATTITUDE SHEET

Please check the block which best describes how you feel about the work you have just finished.

COMPETENCY	Enjoyed it very much	Liked it	Didn't like it or didn't dislike it	Not very interes-ting	Didn't enjoy any part of it
Write nursing care plans.					

Do you know now that there are jobs which use these skills?	YES	NO
Would you like a job doing these things?		
Would you like to find out more about this work?		

Is there anything more you would like to say about what you have done

_____

_____

_____

HEALTH OCCUPATIONS

JOB TITLE — Licensed Practical Nurse (LPN)

JOB COMPETENCY — Notes time and amount of medicine on patient's chart.

LEARNING OBJECTIVES

1. Identifies common drugs and what they are for.
2. Writes abbreviations for ways drugs are given.
3. Writes time and amount of medications on chart form.

LEARNING ACTIVITIES

1. Read Worksheet A "Common Drugs".

2. Scramble the drugs you learned in Learning Activity 1. Trade with another student and see who can unscramble the words first.

3. Read Worksheet B "Abbreviations". Study them until you know them by heart.

4. Read Worksheet C "Medication Records". When you are through, Make up a list of the medicine given to a patient for one week. Trade with another student. Fill out the form. Use abbreviations.

EVALUATION

1. Write the medicine written below in the order they were given on the form. Use abbreviations. You can make up the doctor's name and the patient's room number.

   Becci Kelly started taking 5mg of Darvon capsules on March 20. She got them three times a day (8:00a.m. 12:00 8:00p.m.) for 5 days. At 3:00p.m. every day she was given 1 placebo tablet. On the third day at 10:00a.m. her stomach was upset so she was given a 5mg tablet of dramamine and 10cc's of Maylox. Fred Lance, LPN gave her the medicine in the morning and Terri Williams, LPN, gave her the medicine in the evenings.

2. Fill out the Student Attitude Sheet.

BAND AID GENERAL HOSPITAL
CHARLESTON, W.VA.

ALLERGIC TO:

Identification Plate

START DATE	MEDICATION - DOSE ROUTE - TIME		DATE																			
		AM																				
		PM																				
		AM																				
		PM																				
		AM																				
		PM																				
		AM																				
		PM																				
		AM																				
		PM																				
		AM																				
		PM																				
		AM																				
		PM																				
		AM																				
		PM																				

DATE	TIME	"STAT" & ONE DOSE MEDS	DATE	TIME	"STAT" & ONE DOSE MEDS	DATE	TIME	"STAT" 1 DOSE MEDS

SIGNATURES:

225

MEDICATION RECORD

03-19-031

WORKSHEET A

COMMON DRUGS

This is a list of drugs that you will be giving to a lot of your patients. You may know of some of these drugs. When you are working, you will learn these and many others.

Benadryl (BEN-A-DRILL) - used in allergies to "dry up" sinuses, runny eyes, and help stop itching.

Cortisone (COURT-A-ZONE) - this drug has a lot of side effects, but helps swelling.

Tetracycline (TET-RA-CI-CLEAN) - used for diarrhea (DI-A-REA).

Insulin - used for diabetics.

Penicillin - antibiotic to treat all different kinds of infections.

Demerol (DEM-ER-ALL) pain reliever.

Aspirin - reduces fever and helps ease aches and swelling.

Myacins - Antibiotics fights infections.

Valium - helps nerves.

Dalmane - helps you sleep.

Lanoxin - helps your heart beat.

Darvon - pain reliever

Dulcolax - (DUL-KO-LOCKS) laxative.

Coumadin - blood thinner.

Dramamine (DRAM-A-MEAN) - vomiting.

Minipress helps regulate blood pressure.

Maylox (MAY-LOCKS) - Antacids - relieve stomach pains.

Robituson - cough syrup.

Robaxin (ROW-BACK-IN) - muscle relaxers.

Placebos (PLA-SEE-BOWS) - sugar pills - given to patients who think they are in pain, but who really are not.

WORKSHEET B

ABBREVIATIONS

To save time, you should use these abbreviations as they apply to medicine.

a.c. - before meals

p.c. - after meals

a.m. - morning

p.m. - afternoon

h.s. - bedtime

hr. - hour

b.i.d. - twice a day

t.i.d. - three times a day

q.i.d. - four times a day

q2h - every 2 hours

p.r.n. - whenever necessary

stat. - at once

$\overline{ss}$ - one half

$\overline{c}$ - with

$\overline{s}$ - without

gtt - drops

NPO - nothing by mouth

P.O. - by mouth

liq. - liquid

amt. - amount

WORKSHEET C

MEDICATION RECORDS

On the next page you will see a form used to write down medicine given to a patient. Look at the form as you read below.

A. In this part, write the patient's name, doctor and room number.

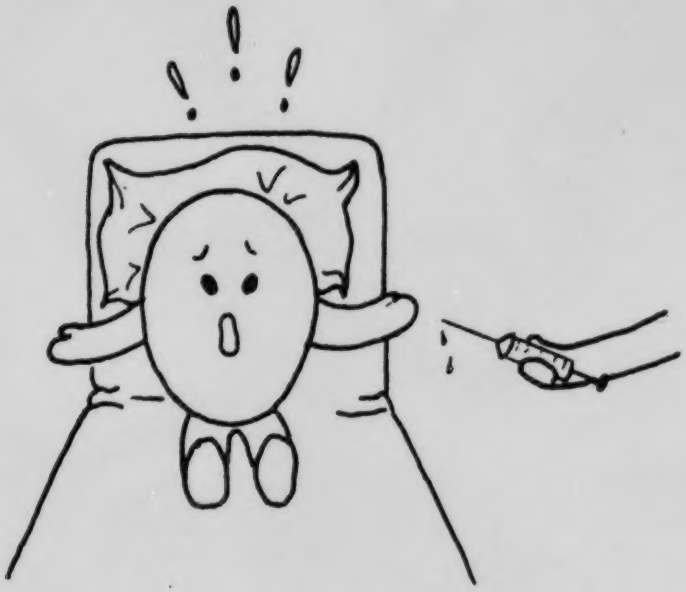
B. Start Date - Write down the date the patient started taking the medicine.

C. In this part, list the drug, the dose and how the patient took it. (IV, by mouth, shots)

D. Date & Time - Write down the date and time the patient was given the drug.

E. This part is for "1 time" drugs. If a patient needs a drug that is not part of their normal care, it should be written here.

F. Signatures - The nurse or LPN who gives the medicine should initial each record then write out their full name and position on this line.



BAND AID GENERAL HOSPITAL
CHARLESTON, W.VA.

A JASON NILL
RM 201
DR. I.M. SIC

B

ALLERGIC TO:

Identification Plate

START DATE	MEDICATION - DOSE ROUTE - TIME		D DATE 3/10/79			3/11/79			3/12/79			3/13/79			3/14/79		
3-10-79	C DARVON, PO b.i.d.	AM	8:30 JR			8:30 JR			8:30 JR			8:30 JR			8:30 JR		
		PM		FK 12:30	FK 4:00		FK 12:30	FK 9:00		FK 12:30	FK 4:00		FK 12:30	FK 4:00		FK 12:30	FK 4:00
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DATE	TIME	"STAT" & ONE DOSE MEDS	DATE	TIME	"STAT" & ONE DOSE MEDS	DATE	TIME	"STAT" 1 DOSE MEDS
		E						
3/11/79	3:00am	DRAMAMINE 5.mg PO JK						

SIGNATURES: F Jack Rogers LPN (SEE INITIALS ON TIME)
Fran King LPN

MEDICATION RECORD

03-19-031

MEDICAL ASSISTANT

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. Code
Medical Assistant	079.367	07.0904

DUTIES

1. Schedules appointments.
2. Gets the treatment room ready for the patient to be examined.
3. Makes sure the instruments the doctor will need are close at hand.
4. Puts drapes over the patient.
5. Talks with patient and checks pulse, temperature, blood pressure, weight and height.
6. Hands instruments to doctor as needed.
7. May operate equipment, give shots and treatments.
8. Helps get patient into the hospital.
9. Cleans instruments.
10. Completes insurance forms.
11. Checks supplies and orders what is needed.

WHERE EMPLOYED

Hospitals, clinics, and Doctor's offices.

EMPLOYMENT OUTLOOK

It is expected to grow much faster than average through the mid-1980's. This growth will have a lot to do with people and their push for more and better health care in the country.

EDUCATION & TRAINING

Must be a high school graduate. One or two years in a special course in a vocational school, community college, or armed forces (Army, Air Force, Marines, Navy). You will take bookkeeping, insurance, typing and science courses.

SPECIAL QUALIFICATIONS

You should like to work with people, numbers and record books and be part of a team.

CHANCE OF ADVANCEMENT

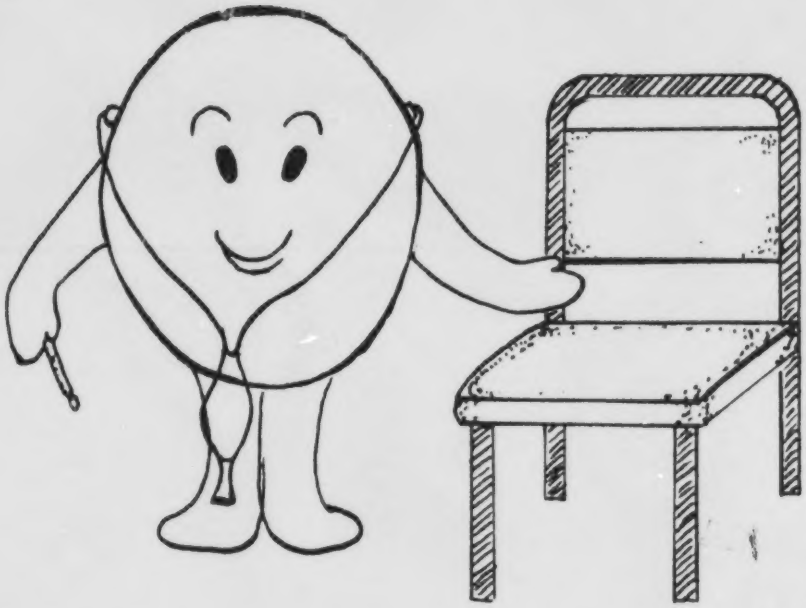
With more training and experience, you may get to be a supervisor or go on to another job like physicians assistant; or teacher.

EARNINGS AND ADDITIONAL BENEFITS

$4.25 - $5.95 an hour. Medical assistants usually start around $4.25 an hour and can go up to $5.95 an hour. For a 40 hr. week this would be between $170.00 - $238.00 a week or $8,840.00 - $13,376 a year.

WORKING CONDITIONS

If you work in a doctor's office you will work a 40 hour week and have evenings and weekends off. If you work in a hospital, you may have to work evenings, nights and/or weekends, since 24 hour staff is needed.



HEALTH OCCUPATIONS

JOB TITLE — Medical Assistant

JOB COMPETENCY — Take blood pressure.

LEARNING OBJECTIVES

1. Explain the meaning of blood pressure.
2. Identify equipment used to take blood pressure.
3. Use stethoscope and sphygmomanometer.
4. Record blood pressure.

LEARNING ACTIVITIES

1. Read Worksheet A.
2. Make a list of 10 different things you do every day. Tell if your blood pressure will be high, low, or normal.
3. Read Worksheet B. Work the problems at the end. Check your answers with your teacher.
4. Show your teacher you can identify the following equipment.
   a. stethoscope
   b. sphygmomanometer
   c. cuff
   d. pump valve
5. Read Worksheet C. Take the blood pressure of 4 people in your room. Write down their blood pressure. Check with your teacher after you take each one.

EVALUATION

1. Take your teacher's blood pressure and write it down.
2. Use and store equipment correctly.
3. Fill out the Student Attitude Sheet.

WORKSHEET A

WHAT BLOOD PRESSURE MEANS

You have heard people say "I have high blood pressure" or "I have low blood pressure."

What does all of this mean?

Your blood pressure is how hard your blood is pushed through your veins. Blood pressure can be different for different people. It depends on how much blood you have in your system, how hard your heart beats and the shape your arteries.

People's blood pressure will go higher if they

A) have arteries which do not stretch very well.
B) exercise.
C) eat.
D) take stimulants.
E) are upset emotionally.

People's blood pressure will get lower if they

A) do not eat.
B) rest.
C) take depressants.
D) have calm emotions.

You will get 2 readings when you take a blood pressure. The first reading is the greatest force put on the walls of the artery. The other reading is the lowest amount of force against the wall of the artery.

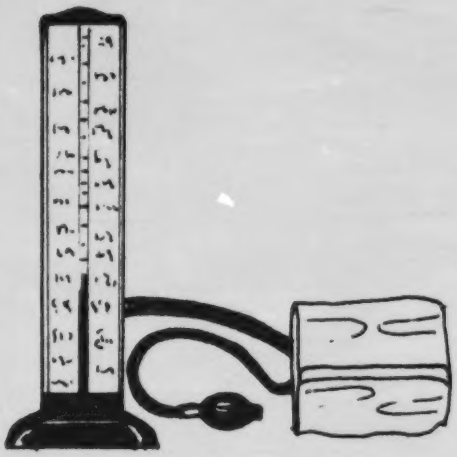
Most adults who are resting have 100-140 high and 60-90 low.

WORKSHEET B

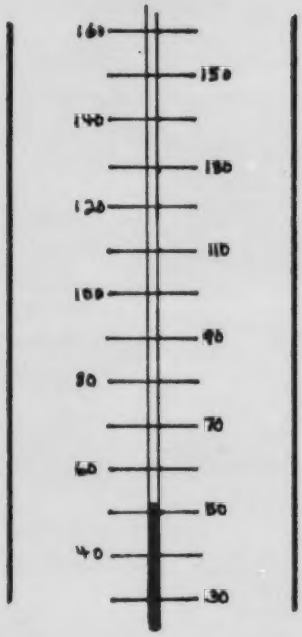
WHAT YOU NEED TO TAKE BLOOD PRESSURE

To take blood pressure you need

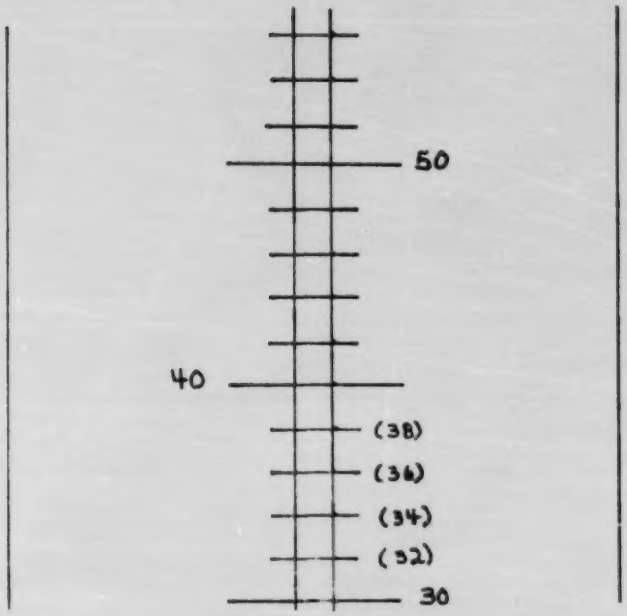
A. Stethoscope (STETH-O-SCOPE)
B. Sphygmomanometer (FIG-MO-MA-NOMETER)



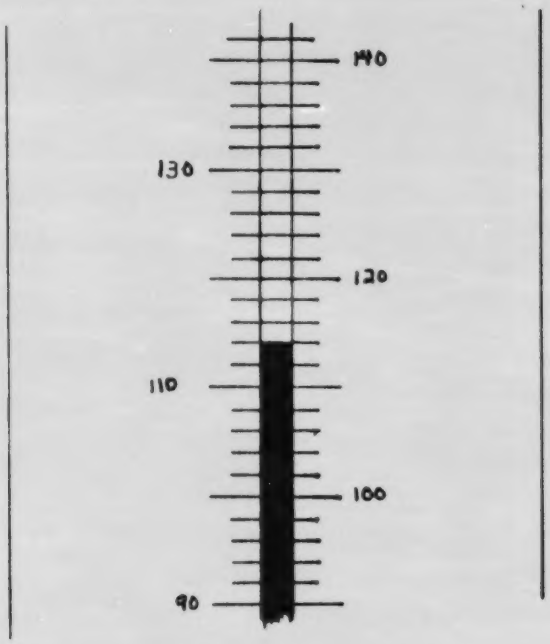
The gauge may be a round dial or a long line (column) of mercury. They both have numbers. The gauges have lines which are 10mm apart.



In between the long lines are short lines which are 2mm.

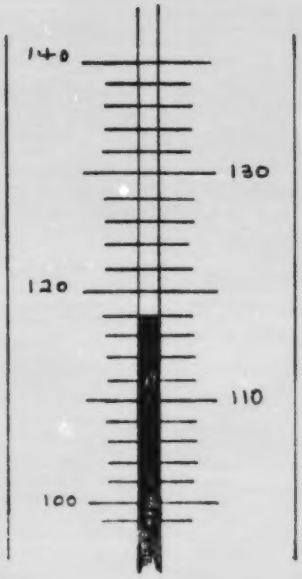


Read this gauge.

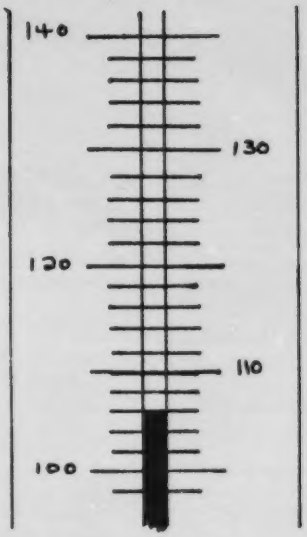


The mercury is on 114.

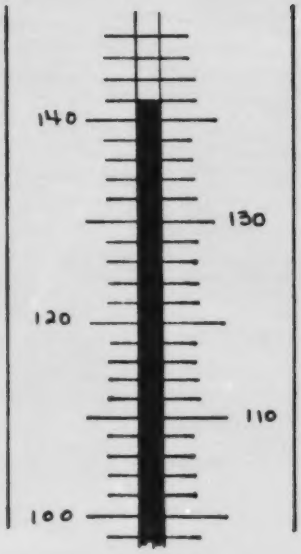
Read the gauges below. When you are finished, check your answers with your instructor.



a.



b.



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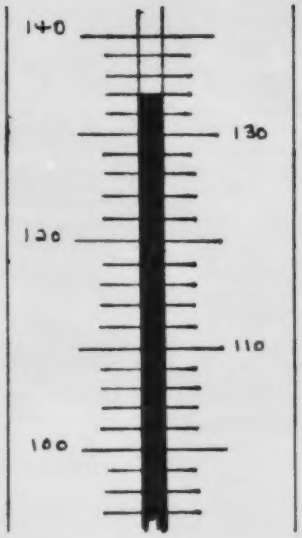

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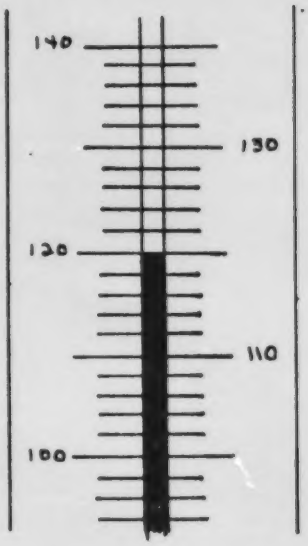


e.

WORKSHEET C

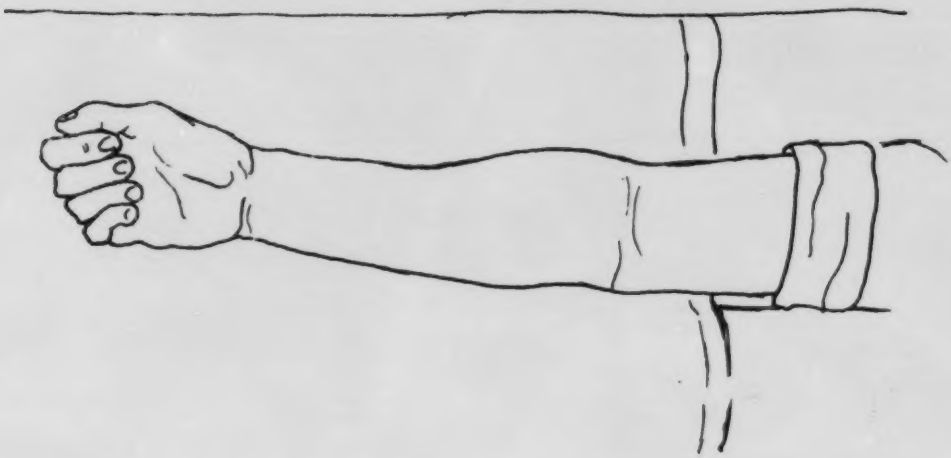
HOW TO TAKE BLOOD PRESSURE

1. The first thing you do is wash your hands and get this equipment.
   a. sphygmomanometer
   b. stethoscope

2. Clean the ear pieces with antiseptic.

3. Tell the patient what you plan to do.

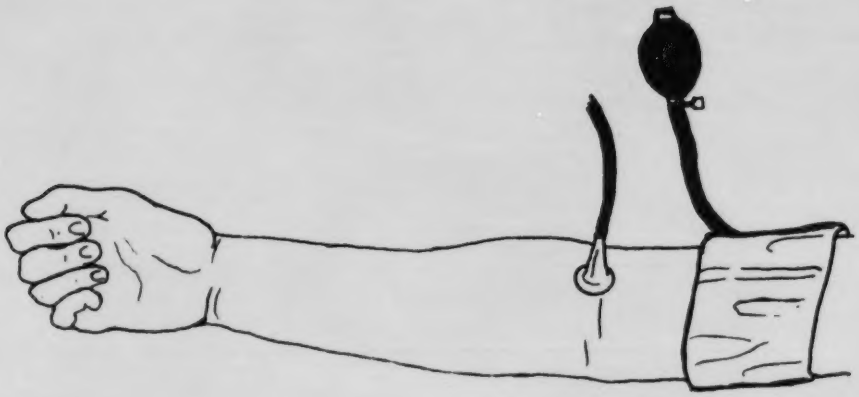
4. Put the patient's arm palm upward on a bed or table.



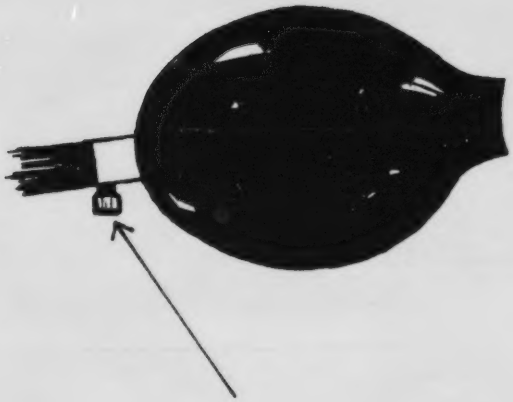
5. Roll the sleeve up about 5 inches above the elbow. Make sure it is not tight.

6. Put the cuff above the elbow and wrap the arm band on the arm. Hook the band.

7. Find the brachial artery. To do this put your fingertips on the inside of the elbow. Press lightly. Put the stethoscope right over the artery. Put the earpieces in your ears.

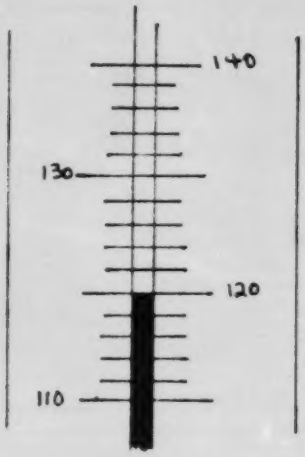


8. Close the valve to the hand pump (air bulb).

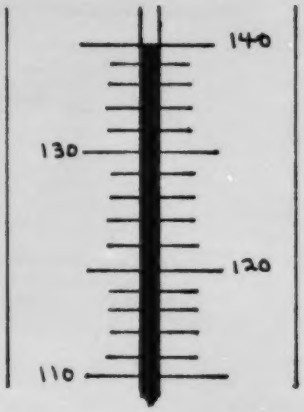


(control valve)

9. Pump the cuff and watch the mercury. When you can't hear the pulse, keep on pumping until the mercury goes 20mm above.



The sound of the pulse stops here.



Keep pumping until mercury is 20mm above.

10. Open the valve of the pump and let the air out real slow until the first sound is heard. When you hear this sound, read the manometer. This is the greatest force on the artery.

11. Keep letting the air out real slow until there is a quick change of the sound from very loud to soft. Read the manometer. This is the lowest amount of force on the artery. Write down the reading.

12. If you have to do it again, let all of the air out of the cuff and start over.

13. Take off the cuff and clean and return the equipment. Make sure you clean the ear pieces.

14. You record the blood pressure as a fraction with the highest number first: 120/80 110/80.

HEALTH OCCUPATIONS

JOB TITLE — Medical Assistant

JOB COMPETENCY — Take pulse and temperature.

LEARNING OBJECTIVES

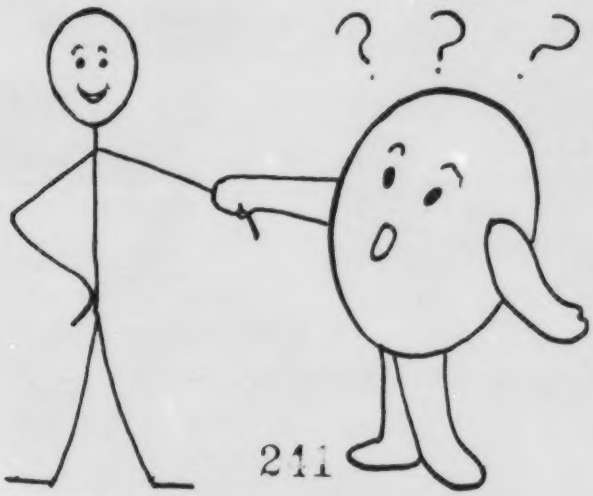
1. Find parts of the body where pulse can be taken.
2. Take and write down pulse.
3. Identify two thermometers used to take temperatures.
4. Use thermometer to take temperatures.

LEARNING ACTIVITIES

1. Read Worksheet A.
2. Take the pulse of four people in your room. Write down the people's pulse.
3. Read Worksheet B.
4. Take the temperature of four people in your room. Write down the people's temperature.
5. Answer the questions in Worksheet C. Check your answers with your teacher.

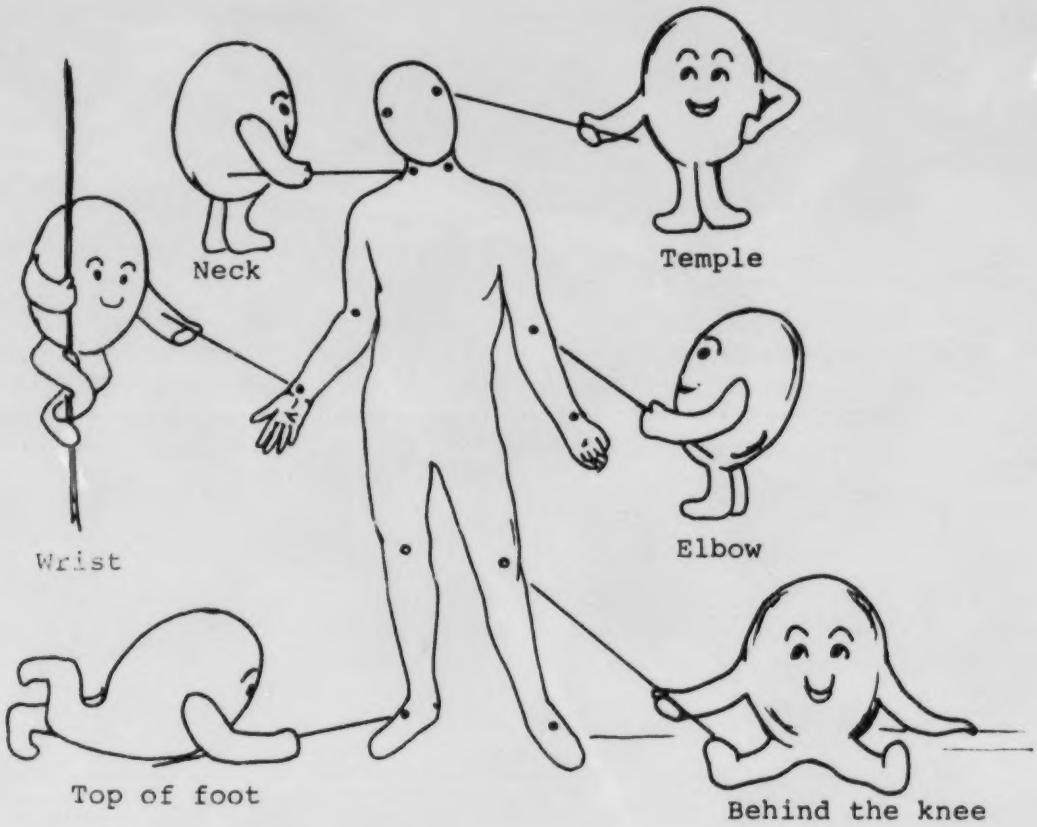
EVALUATION

1. Take your teacher's pulse and temperature, and write it down.
2. Fill out the Student Attitude Sheet.



WORKSHEET A

You have had your pulse taken some time in your life. When you feel your pulse, you feel the blood being pushed through an artery as your heart beats. It is easy to feel your pulse at a place where you can push an artery against a bone with your fingers. These drawings show you these places.



These are the pulse rates most people will have.

Adult Men	60-70 beats per minute
Adult Women	65-80 beats per minute
Children over 7	72-90 beats per minute
Children 1-7	80-120 beats per minute
Infants	110-130 beats per minute

These are the steps you use to take a pulse.

1. Wash your hands.
2. Make sure your patient is comfortable with one arm down and the other arm resting across the chest.

3. Find the pulse on the thumb side of the wrist. Use your first three fingers. Do not use your thumb since it has a pulse all its own, and you might mix them up.

4. When you feel the pulse, press a little harder. Watch the second hand of a watch or clock and count the number of times you feel the pulse beat in one minute. Is it normal?

   Go on to Learning Activity 2.

WORKSHEET B

You have had your temperature taken a lot of times. A person's body temperature is important because it tells us the difference between the heat made by the body and the heat that is lost.

Most people have a body temperature of 98.6 degrees.

There are 3 ways to take a temperature.

1. Oral - this is used most. The thermometer is placed in the patient's mouth.

2. Rectal- This is the way to take the most correct reading. The thermometer is placed in the rectum.

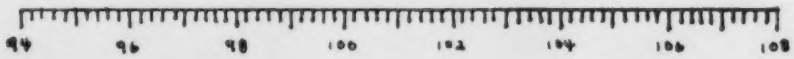
3. Axillary - This will not give you a very correct reading. The thermometer is placed under the arm or in the groin area.

This is how you read a thermometer.

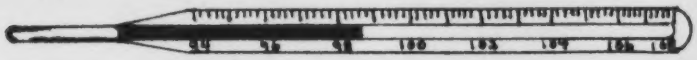
1. Hold the thermometer at eye level.

2. Slowly turn the thermometer, looking at the sharp edge between the numbers and lines, until you can see the solid column of mercury.

3. Start at 94 and follow the mercury to the right. Each long line means 1 degree. Only every other degree is marked with a number.



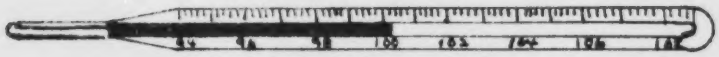
4. In between each long line are four shorter lines. Each of these lines marks 2/10 of a degree. The mercury below goes to 98° and then past 98° to the 3rd short line. What is the temperature?



This person's temperature is 98.6.

Read these thermometers.

a.



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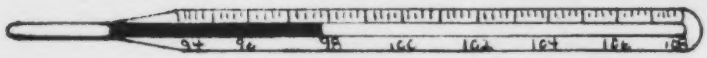

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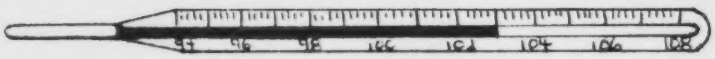

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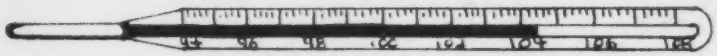


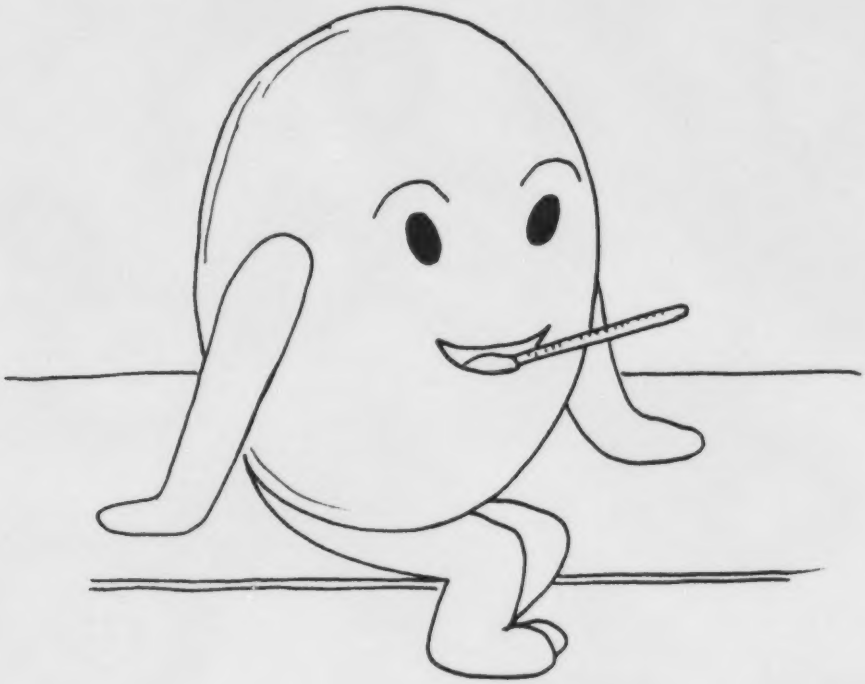
Here are the answers.

a. 100.2
b. 97.8
c. 103
d. 104.4

If you did not get the right answers, stop, and ask your teacher to help you.

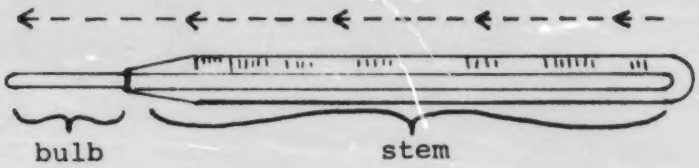
These are the steps to use to take someone's temperature.

1. Wash your hands.
2. Get an oral thermometer. Make sure it is sterile.
3. Have the person rest in a bed or chair.
4. Take the thermometer and wipe with clean tissue.
5. Read the thermometer. If it is <u>not</u> below 96° you must shake it down.
6. To shake down a thermometer, move away from table or things you could hit it on. Hold tight with your thumb and fingers.
7. Put the bulb end of the thermometer under the person's tongue toward the side of the mouth.



8. Tell the patient to hold the thermometer with their lips closed for 3 minutes. Tell young children not to bite the thermometer with their teeth.

9. Wait 3 minutes after you put the thermometer in, then take it out. Wipe the thermometer from the stem to the bulb.



10. Read the thermometer and write down the temperature.

11. Sterilize the thermometer.

Go on to Learning Activity 4.

WORKSHEET C

1. Do you think a medical assistant would spend a lot of time taking pulse and temperature? Tell why or why not.

2. Why would a doctor want a medical assistant to take pulse and temperature?

3. Is it part of a medical assistant's job to be nice to patients? Tell why or why not.

4. If you were a medical assistant and I asked you to tell me my pulse or temperature, would you tell me?

HEALTH OCCUPATIONS

JOB TITLE — Medical Assistant

JOB COMPETENCY — Identify basic equipment used in a physical examination.

LEARNING OBJECTIVES

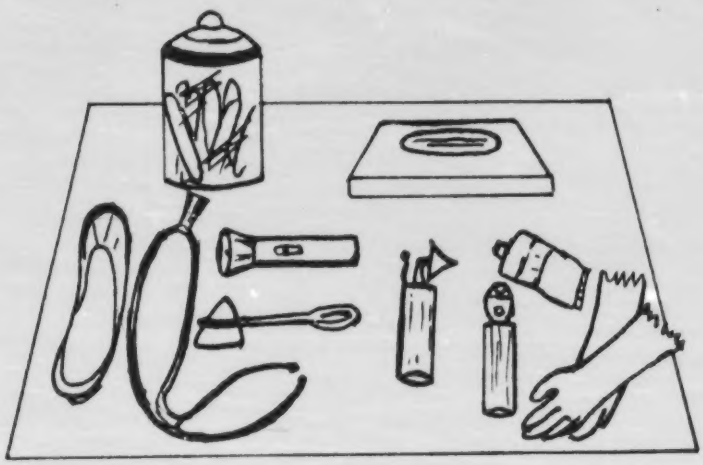
1. Name the instruments used in a physical examination.
2. Describe how the instruments are used on the patients.

LEARNING ACTIVITIES

1. Read and complete Worksheet A. When you are finished, check your answers with your instructor.
2. Attend a speech by a guest speaker on how a medical assistant helps give a physical examination.
3. Set up a tray of examination equipment.

EVALUATION

1. Match the pictures of the instruments on the next page with their purpose.
2. Fill out the Student Attitude Sheet.



EVALUATION

Match the picture of the instrument with its purpose. Write the name of the instrument in the blank under the letter.

1.

letter ____

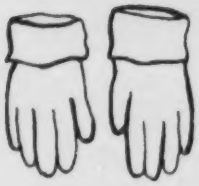
_____

2.

letter ____

_____

3.



letter ____

_____

a. Stops germs from being carried from patient to patient. Also keeps germs from doctor's hand.

b. Used to take blood pressure.

c. Patients get a kick from this.

d. Used to size up the situation.

e. Check to see if the beat goes on.

f. Doctor's bedside trash can.

g. Doctors use this to help ease rectal and vaginal examinations.

h. Doctors are being nosey when they use this.

i. Used when the doctor says, "say ahh."

j. Shed a little light on things.

k. Doctor uses this to see how the patient sees.

l. Helps a doctor see inside ears.

m. Good for sneezes.

n. Used to open vagina for examinations.

o. Kept handy for cleaning wounds.

4.

letter ____

_____

5.

letter ____

_____

6.

letter ____

_____

7.

letter ____

_____

8.

letter ____

_____

9.

letter ____

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10.

letter ____

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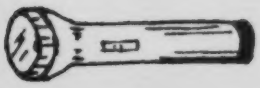
11.

letter ____

_____

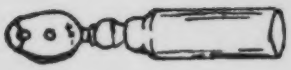
12.



letter _____

_____

13.



letter ____

_____

14.

letter ____

_____

15.

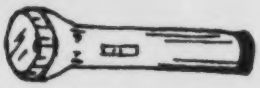
letter ____

_____

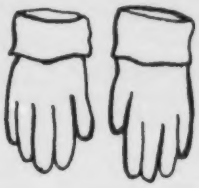
WORKSHEET A

As a medical assistant you will be helping the doctor give physical examinations. Below is a picture of instruments and their names. Look at the picture and try to guess what it is and what it is for before you read the description.

A. Flashlight - The doctor uses this to look inside the eyes and throat.



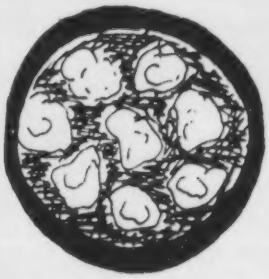
B. Gloves - Doctors use gloves to be as clean as they can. They use a clean (sterile) pair of gloves for each examination. The gloves are then thrown away. This keeps the doctor from spreading germs from one patient to another or to him/her self.



C. Percussion hammer - (PER-CUS-SHUN) Doctors use this hammer to check reflexes. (Have you ever been hit below the knee cap and watched your leg kick?)

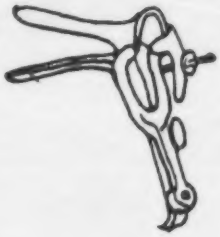
D. Tongue depressors - Doctors use these wooden sticks to press down the tongue so they can see the throat.

E. Cotton balls in antiseptic solution - these cotton balls are used to clean an area on the patient to give shots, clean wounds, etc. Many doctors now use antiseptic swipes in packages.



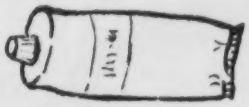
F. Emesis basin (lined with a paper towel)- (M-Ē'-SIS) Doctors may use this to throw away tongue depressors, rubber gloves etc.

G. Vaginal Speculum - This is used to open the vagina of females for examination.



H. Tissues - Provided for any needs the doctor or patient may have.

I. Lubricant - The doctor puts this on his/her fingers for patient comfort when they are having rectal or vaginal examinations.



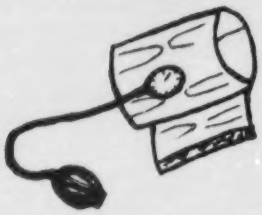
J. Tape measure - This is used to measure the length of legs, arms, etc. to see if they are the same. If the patient is pregnant, the doctor will measure across her stomach area.

K. Nasal speculum - This is used to examine the nose and sinus cavity.

L. Otoscope - (AUTO-SCOPE) used to look inside the ears.

M. Opthamaloscope - (OP-THA-MAL-A-SCOPE) Used to check inside the eye.

N. Bloodpressure cuff - Used to take blood pressure.



O. Stethoscope - Doctor uses this to listen to lungs, check heartbeat.

Study the pictures and/or the instruments until you can identify each one and tell why they are important.

HEALTH OCCUPATIONS

JOB TITLE Medical Assistant

JOB COMPETENCY Complete insurance forms.

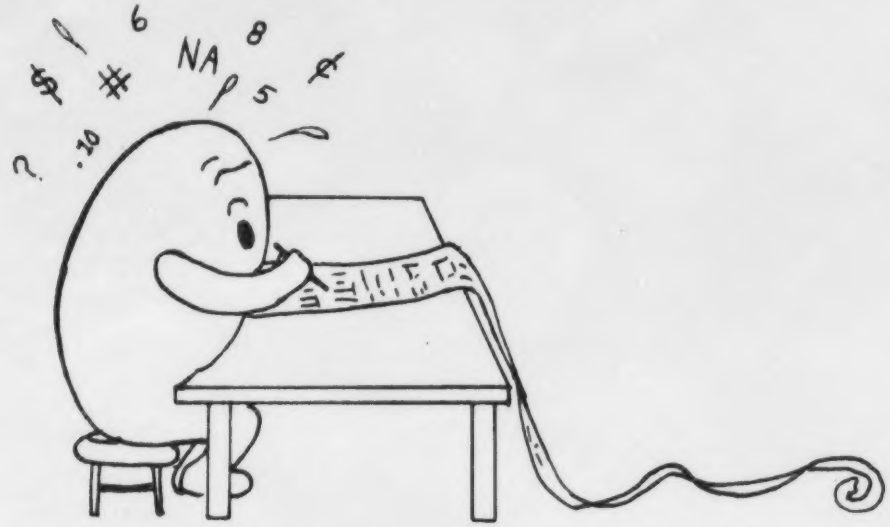
LEARNING OBJECTIVES Define terms found on most insurance forms.

LEARNING ACTIVITIES

1. Read and complete Worksheet A.
2. Complete insurance forms from information in Worksheet B.

EVALUATION

1. You will be given a patient's chart and an insurance form. Fill out the form for the patient. You cannot make any mistakes.
2. Fill out the Student Attitude Sheet.



EVALUATION

Read the case below and fill out the insurance form properly.

Have your instructor check your work.

PATIENT	JOAN'S EMPLOYER
Jill Miller Daughter of Joan Miller 301 Cardinal Lane Cross Lanes, WV 25301	Long Associates 704 Rebecca St. Charleston, WV 25302 World Wide Insurance Group #612 Policy #238-90-8530

Eight year old Jill Miller was seen by Dr. Gretta Vance in her office on September 13. Dr. Vance diagnosed Jill's tonsils as being severely infected and inflammed. Dr. Vance had Jill admitted to the hospital on September 14 at 9:00A.M. for a tonsillectomy. Jill was released on September 17 at 4:00 P.M.

She was charged $90.00 a day for the ward, $54.00 for drugs, $15.00 for an X-Ray, $30.00 for Lab., $57.00 for anesthesia, and $75.00 for the operating room. There is a $.03 per dollar sales tax.

Gretta Vance, M.D.
Brooks Medical Bldg.
Charleston, WV 25304

EVALUATION FORM

Form 1 (Revised 10-61)

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

REPORT ON HOSPITAL SERVICES

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

1. To: _____

2. Patient's Name _____ and Address _____ Age _____
3. Person Insured _____ ADDRESS _____
4. Employer's Name _____ ADDRESS _____
5. Policy Number _____ IF GROUP, GIVE GROUP NUMBER AND CERTIFICATE NUMBER.
6. Attending Physician _____ ADDRESS _____
7. Diagnosis: Final _____
8. Admission Date _____ Hour _____ A.M. P.M. Dismissal Date _____ Hour _____ A.M. P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? _____

DATE OF THIS REPORT _____ SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE _____

HC

HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge	Ward	days at $ _____	Total $ _____
	Semi-Private	" " $ _____	" $ _____
	Private	" " $ _____	" $ _____
Other Charges	Drugs		$ _____
	Laboratory		$ _____
	X-Ray		$ _____
	Operating or Del. Room		$ _____
	Anesthesia		$ _____
	Dressings		$ _____
	EKG - BMR		$ _____
	Oxygen		$ _____
	Emergency Room		$ _____
	Sub Total		$ _____
	W. Va. Sales Tax		$ _____
		TOTAL	$ _____

SEE ITEMIZED STATEMENT ATTACHED

Our Federal Employer ID: 55-0104900

A

ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____ all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS _____ HOSPITAL POSITION OR TITLE _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or any hospital where I may have been a patient to disclose any information thus acquired.

Date _____ PATIENT OR PERSON HAVING CUSTODY OF PATIENT _____

P

CLAIMANT'S STATEMENT FOR HOSPITAL AND/OR SURGICAL BENEFITS

(To be personally completed by the Insured)

1. What was the nature of the illness or injury? _____
   (a) If injury, date it happened? _____ (b) How did it happen? _____
2. On what date were symptoms or illness first noticed? _____
3. Name of first physician consulted? _____ Date consulted? _____
4. When previously troubled with this or a similar condition? _____
5. What other medical or surgical treatment has been received during the past five years? (Give dates, nature of illness, or injuries, and names and addresses of attending physicians) _____
6. What other insurance do you have? _____ (accident, disability, hospital, or medical expense)
   _____ (Name of Company)
7. If claim is made for a dependent covered by policy, answer following:
   Name of dependent _____ Age _____ Relationship _____

I declare the above questions have been answered truly and completely.

Dated _____ Signed: _____

Street _____ City _____ State _____

D

ATTENDING PHYSICIAN'S REPORT

1. On what date did you first attend Patient for this condition? _____
2. Describe in full the illness or injury with complete diagnosis _____
   (a) Contributing cause or conditions? _____
3. Has the Patient previously suffered from the same or similar conditions? _____
4. In your professional opinion, how long has this condition been present? _____
5. How long has Patient known of these symptoms? _____
6. Dates patient totally disabled from work: From _____, 19____ to _____, 19____
7. Dates patient partially disabled from work: From _____, 19____ to _____, 19____
8. Dates patient confined: From _____, 19____ to _____, 19____.
9. Description of medical treatment, obstetrical or surgical procedure (Name and date of each operation) _____
   _____ Fee charged $_____
   _____ Fee charged $_____
10. What other physicians have treated Patient in the past? _____
11. Has patient any chronic or constitutional disease or physical defect? (Give details) _____
12. Indicate non-surgical and non-obstetrical visits. "O" for Office — "H" for Hospital — "R" for Residence:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

13. To what other companies, including workman's compensation, have you reported this claim? _____

Dated _____ Physician's Signature _____

Office Address _____

City _____

Due to the great volume and variety of insurance reporting forms adoption of this West Virginia Standard Insurance Reporting Form has been made necessary. It has been approved by the West Virginia State Insurance Commissioner, The West Virginia Association of Accident and Health Underwriters, Inc. and The West Virginia Hospital Association.

WORKSHEET A

A lot of the medical assistant's time is spent on insurance forms. People pay so much money a year to an insurance company. Then if they get sick, the insurance company pays most of their hospital or doctor bills.

To save time and money, you have to make sure the forms are filled out right and on time. Every insurance is not the same, but the same terms are used on most forms. Below are the terms used on most forms and what they mean. Look at the form on the next page as you read.

H — This part of the form gives the patient's name, address, policy number, when they were admitted, the diagnosis (what was wrong.) This goes to the insurance company.

HC — This part tells the company how the bill was made up. It lists the charges for each different service. The daily service charge means how many days the person stayed. It gives the rate and type of room the patient was in. Private means the patient had his/her own room. Semi-Private means they shared the room with one other person and Ward means there could be four or more people in the room.

Other charges list their medicine, tests, bandages, operating room charge and other things like that.

A — The patient has to OK the bill so the insurance company knows it is OK to pay the bill.

P. — The patient has to fill out this part of the form.

D. — The doctor has to fill out this part. The doctor tells how, when and why they treated the illness.

WORKSHEET A

Form 1 - (Revised 10-61)

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

H — REPORT ON HOSPITAL SERVICES

1. To: _____

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

2. Patient's Name _____ and Address _____ Age _____
3. Person Insured _____ ADDRESS _____
4. Employer's Name _____ ADDRESS _____
5. Policy Number _____ IF GROUP, GIVE GROUP NUMBER, AND CERTIFICATE NUMBER.
6. Attending Physician _____ ADDRESS _____
7. Diagnosis: Final _____
8. Admission Date _____ Hour _____ A.M. P.M. Dismissal Date _____ Hour _____ A.M. P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? _____

DATE OF THIS REPORT _____ SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE _____

HC — HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge	☐ Ward _____ days at $ _____	Total $ _____	
	☐ Semi-Private _____ " " $ _____	" $ _____	
	☐ Private _____ " " $ _____	" $ _____	
	Drugs _____	$ _____	SEE ITEMIZED STATEMENT ATTACHED
	Laboratory _____	$ _____	
	X-Ray _____	$ _____	
	Operating or Del. Room _____	$ _____	
	Anesthesia _____	$ _____	
Other Charges	Dressings _____	$ _____	
	EKG - BMR _____	$ _____	
	Oxygen _____	$ _____	
	Emergency Room _____	$ _____	
	Sub Total _____	$ _____	
	W. Va. Sales Tax _____	$ _____	
	TOTAL _____	$ _____	

Our Federal Employer ID

5	5	-	0	1	0	4	9	0	0

A — ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____, all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS _____ HOSPITAL POSITION OR TITLE _____

233

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been a patient to disclose any information thus acquired.

Date _____ SIGNED _____ PATIENT OR PERSON HAVING CUSTODY OF PATIENT

Form 1 (Revised 10-61)

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

REPORT ON HOSPITAL SERVICES

1. To: _____

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

2. Patient's Name _____ and Address _____ Age _____
3. Person Insured _____ ADDRESS _____
4. Employer's Name _____ ADDRESS _____
5. Policy Number _____ IF GROUP, GIVE GROUP NUMBER, AND CERTIFICATE NUMBER.
6. Attending Physician _____ ADDRESS _____
7. Diagnosis: Final _____
8. Admission Date _____ Hour _____ A.M. P.M. Dismissal Date _____ Hour _____ A.M. P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? _____

DATE OF THIS REPORT _____ SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE _____

HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge	☐ Ward _____ days at $ _____	Total $ _____	
	☐ Semi-Private _____ " " $ _____	" $ _____	
	☐ Private _____ " " $ _____	" $ _____	
Other Charges	Drugs _____	$ _____	SEE ITEMIZED STATEMENT ATTACHED
	Laboratory _____	$ _____	
	X-Ray _____	$ _____	
	Operating or Del. Room _____	$ _____	
	Anesthesia _____	$ _____	
	Dressings _____	$ _____	
	EKG - BMR _____	$ _____	
	Oxygen _____	$ _____	
	Emergency Room _____	$ _____	
	Sub Total _____	$ _____	
	W. Va. Sales Tax _____	$ _____	
	TOTAL _____	$ _____	

Our Federal Employer ID

5	5	-	0	4	0	4	9	0	0

ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____, all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS _____ HOSPITAL POSITION OR TITLE _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been a patient to disclose any information thus acquired.

Date _____ SIGNED: _____ PATIENT OR PERSON HAVING CUSTODY OF PATIENT

Study the form and in your own words, tell what these terms mean. When you are through, check your work with your instructor.

1. Patient
2. Physician
3. Diagnosis
4. Admission date
5. Ward
6. Private room
7. Semi-private room
8. Insurance
9. Disabled
10. Medical treatment

WORKSHEET B

There is a case below. Fill out the blank insurance form in Worksheet A for the patient. When you are through, check your work.

PATIENT	SAM'S EMPLOYER
Sam Smith 1319 Pear Street St. Albans, WV 25177	K-Mart St. Albans Mall St. Albans, WV 25177 Blue Cross Group #304 Policy #233-64-4968

Nineteen year old Sam Smith was put in the hospital on May 19, 1980 at 3:45 p.m and was released on May 21 at 12:00 p.m. He broke his leg on the 19th and went to the emergency room of the hospital where there was a $75.00 fee. After 3 X-rays were taken at $25.00 each, Dr. Gordon Jones diagnosed a compound fracture of the right femur. Sam was immediately taken to the operating room ($75.00) where he was given a local anesthetic ($40.00) and his leg was set and cast ($50.00). During Sam's stay in the hospital he stayed in a semi-private room at $110.00 a day and was given $15.00 worth of pain relievers and had daily follow-up visits from his family physician, Dr. Jones. The day of his release Sam was given the following instructions from his Doctor. He was not to return to work until after his final follow-up visit to the Doctor's office on August 30 ($25.00) since his job required him to stand on his feet all day. He is to return to Dr. Jones office on August 15 ($25.00) for the removal of his cast. There is a $.03 sales tax.

Gordon Jones, M.D.
215 Virginia St., E.
Charleston, WV 25302

Form 1 - (Revised 10-61)

WORKSHEET B

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

H — REPORT ON HOSPITAL SERVICES

1. To: _____

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

2. Patient's Name _____ and Address _____ Age _____
3. Person Insured _____ ADDRESS
4. Employer's Name _____ ADDRESS
5. Policy Number _____ IF GROUP, GIVE GROUP NUMBER, AND CERTIFICATE NUMBER.
6. Attending Physician _____ ADDRESS
7. Diagnosis: Final _____
8. Admission Date _____ Hour _____ A.M. P.M. Dismissal Date _____ Hour _____ A.M. P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? _____

DATE OF THIS REPORT

SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE

HC — HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge

- ☐ Ward _____ days at $ _____ Total $ _____
- ☐ Semi-Private _____ " " $ _____ " $ _____
- ☐ Private _____ " " $ _____ " $ _____

Other Charges

Drugs	$
Laboratory	$
X-Ray	$
Operating or Del. Room	$
Anesthesia	$
Dressings	$
EKG - BMR	$
Oxygen	$
Emergency Room	$
Sub Total	$
W. Va. Sales Tax	$
TOTAL	$

SEE ITEMIZED STATEMENT ATTACHED

Our Federal Employer ID

5	5	-	0	4	0	1	9	0	0

A — ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____, all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS

2 _____ HOSPITAL POSITION OR TITLE

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been a patient to disclose any information thus acquired.

Date _____ SIGNED: _____ PATIENT OR PERSON HAVING CUSTODY OF PATIENT

Form I (Revised 10-61)

West Virginia Standard Insurance Reporting Form.

Complete at least two copies and retain one in Hospital File

REPORT ON HOSPITAL SERVICES

1. To: _____

NAME AND ADDRESS OF HOSPITAL

H. J. Thomas Memorial Hospital
4605 MacCorkle Avenue
South Charleston, W. Va.

2. Patient's Name _____ and Address _____ Age _____
3. Person Insured _____ ADDRESS _____
4. Employer's Name _____ ADDRESS _____
5. Policy Number _____ IF GROUP, GIVE GROUP NUMBER, AND CERTIFICATE NUMBER.
6. Attending Physician _____ ADDRESS _____
7. Diagnosis: Final _____
8. Admission Date _____ Hour _____ A.M. P.M. Dismissal Date _____ Hour _____ A.M. P.M.
9. To what other insurance companies, including workman's compensation, have you reported this claim? _____

DATE OF THIS REPORT _____ SIGNATURE OF AUTHORIZED HOSPITAL REPRESENTATIVE _____

HC

HOSPITAL CHARGES

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing type of accommodation)

Daily Service Charge	☐ Ward _____ days at $ _____	Total $ _____	
	☐ Semi-Private _____ " " $ _____	" $ _____	
	☐ Private _____ " " $ _____	" $ _____	
Other Charges	Drugs _____	$ _____	SEE ITEMIZED STATEMENT ATTACHED
	Laboratory _____	$ _____	
	X-Ray _____	$ _____	
	Operating or Del. Room _____	$ _____	
	Anesthesia _____	$ _____	
	Dressings _____	$ _____	
	EKG - BMR _____	$ _____	
	Oxygen _____	$ _____	
	Emergency Room _____	$ _____	
	Sub Total _____	$ _____	
	W. Va. Sales Tax _____	$ _____	
	TOTAL _____	$ _____	

Our Federal Employer ID

	5	5	-	0	4	0	4	9	0	0	

A

ASSIGNMENTS OF BENEFITS

I hereby irrevocably assign to, and direct _____ Company to pay to, H. J. Thomas Memorial Hospital, all sums of money, except medical and surgical benefits, now or hereafter payable to me or for my benefit under the above described policy or policies of insurance as a result of the illness or injury described on the reverse side hereof, to the extent of the total charges shown hereon; and I do hereby assign to, and direct said company or companies to pay to, Dr.(s) _____, all surgical and medical benefits payable to me therefrom as a result of such illness or injury to the extent of his or their medical services rendered. I agree to pay to said hospital and doctor(s) all charges in excess of those paid by the insurer(s) hereunder.

Date _____ Signed _____ INSURED

WITNESS _____ HOSPITAL POSITION OR TITLE _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any physician who has attended me or may attend me or any hospital where I may have been a patient to disclose any information thus acquired.

Date _____ SIGNED: _____ PATIENT OR PERSON HAVING CUSTODY OF PATIENT

WORKSHEET B

P

CLAIMANT'S STATEMENT FOR HOSPITAL AND/OR SURGICAL BENEFITS

(To be personally completed by the Insured)

1. What was the nature of the illness or injury? _____

   (a) If injury, date it happened? _____ (b) How did it happen? _____

2. On what date were symptoms or illness first noticed? _____

3. Name of first physician consulted? _____ Date consulted? _____

4. When previously troubled with this or a similar condition? _____

5. What other medical or surgical treatment has been received during the past five years? (Give dates, nature of illness, or injuries, and names and addresses of attending physicians) _____

6. What other insurance do you have? _____ (accident, disability, hospital, or medical expense)

   _____ (Name of Company)

7. If claim is made for a dependent covered by policy, answer following:

   Name of dependent _____ Age _____ Relationship _____

   I declare the above questions have been answered truly and completely.

Dated _____ Signed: _____

Street _____ City _____ State _____

D

ATTENDING PHYSICIAN'S REPORT

1. On what date did you first attend Patient for this condition? _____
2. Describe in full the illness or injury with complete diagnosis _____

   (a) Contributing cause or conditions? _____

3. Has the Patient previously suffered from the same or similar conditions? _____
4. In your professional opinion, how long has this condition been present? _____
5. How long has Patient known of these symptoms? _____
6. Dates patient totally disabled from work: From _____, 19____ to _____, 19____
7. Dates patient partially disabled from work: From _____, 19____ to _____, 19____
8. Dates patient confined: From _____, 19____ to _____, 19____.
9. Description of medical treatment, obstetrical or surgical procedure (Name and date of each operation) _____

   _____ Fee charged $ _____

   _____ Fee charged $ _____

10. What other physicians have treated Patient in the past? _____
11. Has patient any chronic or constitutional disease or physical defect? (Give details) _____
12. Indicate non-surgical and non-obstetrical visits: "O" for Office — "H" for Hospital — "R" for Residence:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

13. To what other companies, including workman's compensation, have you reported this claim? _____

Dated _____ Physician's Signature _____

Office Address _____

Due to the great volume and variety of insurance reporting forms, adoption of this West Virginia Standard Insurance Reporting Form has been made necessary. It has been approved by the West Virginia State Insurance Commissioner, The West Virginia Association of Accident and Health Underwriters, Inc. and The West Virginia Hospital Association.

DENTAL LABORATORY TECHNICIAN

HEALTH OCCUPATIONS

PAC CAREER INFORMATION SHEET

Job Name	Dot Code	OE. Code
Dental Laboratory Technician	712.381-018	07.0103

DUTIES

1. Read directions given by dentist and decide which type of teeth to make.
2. Make false teeth, metal bridges to replace lost teeth, crowns, etc.
3. Make models of a patient's teeth or mouth.
4. Match color and shape of real teeth to false teeth.
5. Repair cracks in false teeth.
6. Shine false teeth.
7. Bend gold and platinum wire to make frames for false teeth.

WHERE EMPLOYED

1. Commercial laboratories.
2. Dentist offices
3. Hospitals
4. Federal Government

EMPLOYMENT OUTLOOK

Things look really good through the 1980's. Many people will be able to open their own laboratories because insurance coverage will pay for the public's dental care. This puts demand on labs.

TRAINING

Must have your high school diploma. Many people learn the job through 4-5 years of on the job training. There are also 2 year programs in vocational study. Even after 2 years of vocational school training, it still takes about 3 more years before the average person is well qualified. You can be certified by passing a written and practical test. You can take courses in high school such as arts and crafts, metal shop, and science.

CHANCE OF ADVANCEMENT

The more training and experience you get, the better your chances of becoming a supervisor or manager in labs, a teacher, or a salesperson for dental products. You could even open your own lab.

SPECIAL QUALIFICATIONS

1. You should like to use your hands.
2. Be able to tell the difference between colors.

3. Have lots of patience.
4. Like detailed work.

SALARY

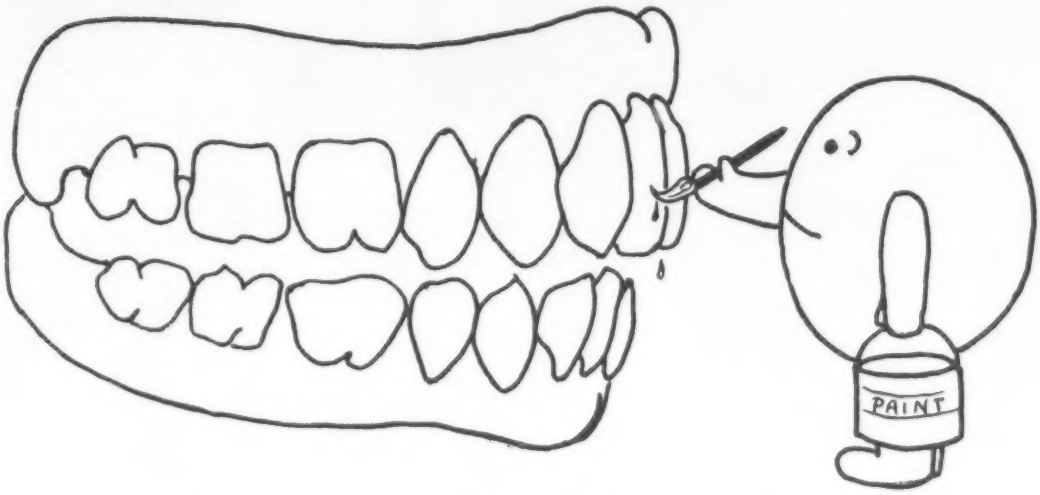
The following are average salaries of dental laboratory technicians in 1976.

Trainees with no experience		$5,600.00
Graduates 2 yr. program, no exp.		$7,600.00
2 years OJT		$7,300.00
2-5 years experience		$9,400.00
5 + years experience		$18,000.00
Specialties in ceramics	up to--------	$25,000.00

Self employed make more.

WORKING CONDITIONS & LIFESTYLES

Usually work 40 hours a week but self-employed work longer hours. Most technicians that work for commercial laboratories get paid holidays and vacations, sick leave, and other employee benefits.



HEALTH OCCUPATIONS

JOB TITLE — Dental Lab Technician

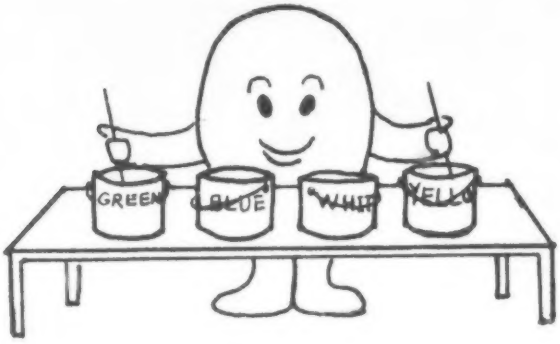
JOB COMPETENCY — Match color and shape of real teeth to false teeth.

LEARNING OBJECTIVES

1. Describe the natural range of tooth color.
2. Describe the different shapes of natural teeth.

LEARNING ACTIVITIES

1. Visit a Dental Lab and listen as a technician explains how to match color and shape of real teeth to false teeth.
2. Study the shape of your teeth and ask the lab technician to help you match the shape of your teeth.
3. Get a color chart from your instructor. Ask three students to let you try to match the color and shape of their teeth. Compare your matches with another students'. If there is a difference, work together until you agree on one match.

EVALUATION

1. You will be given all of the materials you need. Match the color and shape of your instructor's teeth. You must be within + or - two shades.
2. Fill out the Student Attitude Sheet.